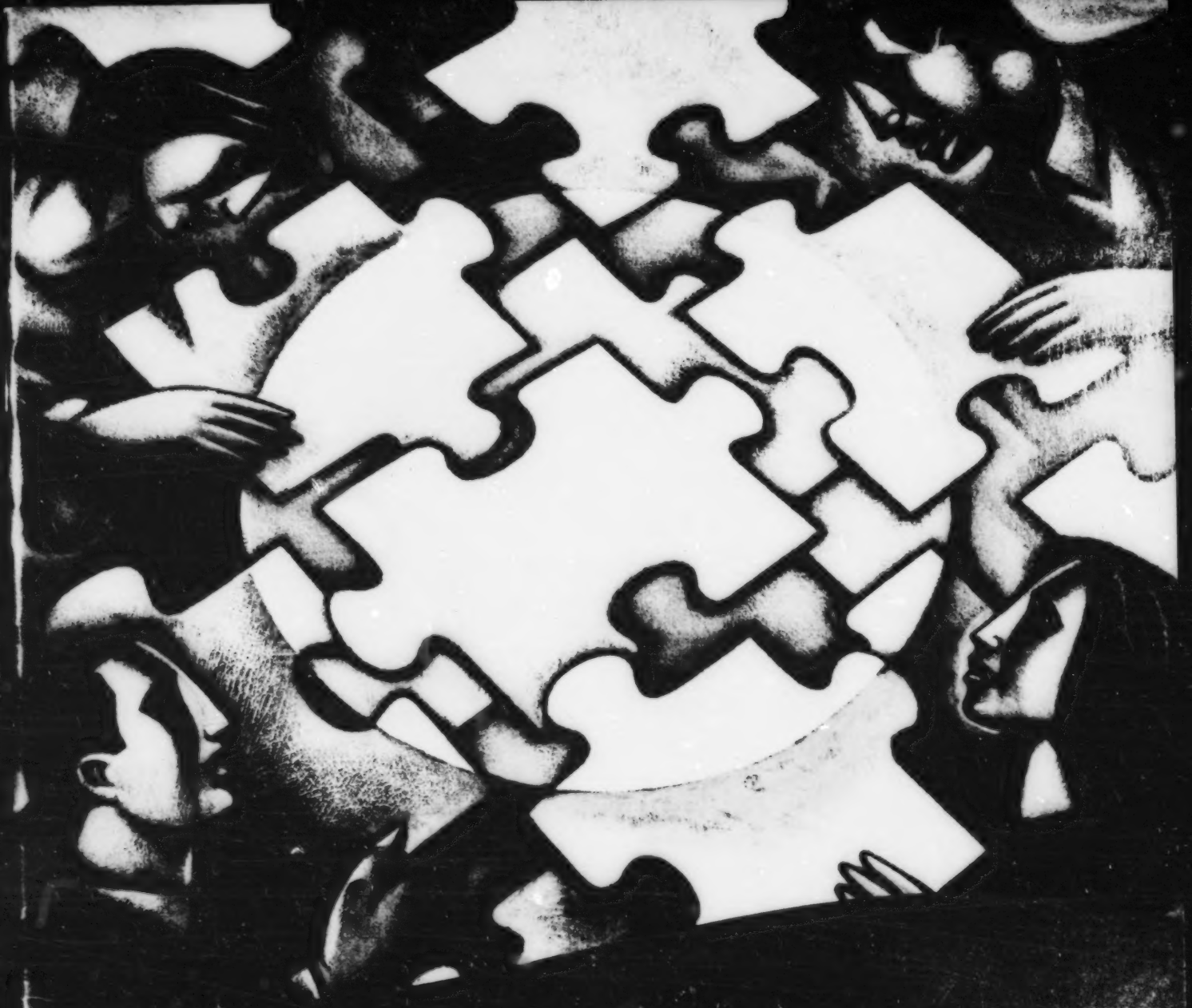


Making research relevant

Health Research Annual Report 2000/01

Making health care work for you. Ontario

102-07535/

A Message from the Minister of Health and Long-Term Care

It is my distinct pleasure to release the Ministry's 2000/2001 report entitled *Making Research Relevant*. Our government is committed to developing researchers, supporting quality research, and developing a research capacity in Ontario that will help researchers attract funding from other sources.

When it comes to health-services research, our government spends more than any other provincial or national research-funding organization in Canada. Research being conducted in Ontario touches on every aspect of the province's health care system. This ranges from specific services for children, women and seniors, to an array of services such as rehabilitation, mental health, community health, primary care, hospitals, and priority programs including diabetes, cancer, arthritis, heart and stroke treatment.

We are enthusiastic about the potential to create a stronger, more efficient, and more effective system of health care services based on solid information and evidence. And our efforts to forge stronger links between researchers and decision makers are paying off. This report highlights several examples of how researchers are responding to requests from policy makers and planners, and how decision makers are using research findings to shape health care services policy to best meet the changing needs of Ontario's population.

The commitment made by this province's outstanding scientists is significant and appreciated. On behalf of the Premier and our legislative colleagues, I offer congratulations to this year's research grant recipients. I wish each of them every continued success in their vital work.

Sincerely,

Tony Clement, MPP
Minister

Goals of the Ministry's Research Program

To deliver reliable information that will be used to make decisions about health policy, planning and services

To build Ontario's capacity to conduct and apply health services research

To maximize Ontario researchers' ability to access funds from all sources by building effective partnerships among the ministry, Ontario universities, federal research funding organizations and other research funders.

The Ministry's Research Investment: Forging Stronger Links Between Researchers and Decision Makers

High quality research is the key to better health. It drives improvements and innovations in health care. New drugs, better treatments, more accurate tests, new procedures: they all begin with research.

High quality research also has the potential to reshape the health care system. Researchers can provide valuable knowledge that policy makers and planners can use to develop more efficient, effective health services. Working together, decision makers and researchers can answer key questions. Where are services needed? What type or mix of services will have the greatest impact on health? How will a proposed change in the health care system affect health care costs? How should resources be allocated to ensure they have a positive effect on health? What is the best way to change a practice, protocol, intervention or the training of health care providers?

The challenge is bringing researchers and decision makers together. Decision makers are often unaware of available research and researchers are often unaware of the kind of information that decision makers need. The Ministry of Health and Long-Term Care's Research Program is dedicated to supporting high quality health and health services research, to making research more relevant to decision makers, and to forging stronger links and more effective working relationships between researchers and decision makers.

"Researchers often have good, valuable information that just doesn't get into the hands of policy makers. We need mechanisms that help us access that information. We have to find a structural way to bring research and policy together, and to learn how researchers can help us fill gaps in our knowledge."

Darryl Sturtevant, Director, Mental Health and Rehabilitation Reform Branch, Ministry of Health and Long-Term Care

"A close working relationship with policy makers is exciting because it ensures that the issues of the day are at the forefront of our research."

Dr. Peter Coyte, Hospital Management Research Unit and the Home and Community Care Evaluation and Research Centre, University of Toronto

What Are Ontario's Research Priorities?

Here are Ontario's research priorities and examples of issues that require study.

Ontario's Top 3 Priorities

1. Health Human Resources Planning

Appropriate supply, recruitment and retention of health professionals.

2. Access

Appropriate access to medically necessary health care services and determining the most appropriate practitioner to ensure best health outcomes.

3. Sustainability

System monitoring to ensure accountability.

Ontario's Other Research Priorities

Primary Care

The impact of different primary care models on all aspects of the health care system.

Technology

The impact of new technologies on health services and the public (e.g., cost-effectiveness, innovation and improvement in quality of life).

Healthy Child Development/Children with Special Needs

Child and youth health services for vulnerable populations (e.g., child poverty and family isolation).

Research Dissemination and Decision Making

Networks, structures and processes to facilitate dissemination and uptake of research evidence in decision making.

Role of the Consumer

Attitudes and values that drive the opinions and behaviour of consumers of health services and products.

The Ministry's Strategic Research Investments

In 2000/2001, the ministry's Research Unit invested approximately $58 million in strategic research grants and awards.

Health and Health Services Organizations	**$ 25,299,013**
Health and Health Services Research Personnel Development	**3,159,025**
Health System Linked Research Units	**3,372,086**
Co-sponsorship/Partnership	**4,397,132**
Government Priority Initiatives	**18,873,916**
Research Transfer and Support	**1,038,580**
Health Intelligence Units	**1,830,087**
Total	**$ 57,969,839**

The **Health and Health Services Research Organizations** Program provides funding to Ontario research programs, institutes, foundations and centres that sponsor independent research programs, train researchers and disseminate research findings addressing a wide range of health and health system issues. Twelve research organizations received funding in 2000/2001 under this program.

The **Health and Health Services Research Personnel Development** Program provides funding to develop and support health and health services researchers here in Ontario. This strategic funding is designed to ensure that Ontario has the skills and capacity to conduct health and health services research now and in the future. The program provides individual Career Scientist Awards to outstanding Ontario researchers in the early stages of their careers as well as funding to universities to distribute as they deem appropriate to their own researchers who are also in the early stages of their careers. In 2000/2001, the ministry conferred four new career scientist awards, which provide five years of support, the universities conferred two new career scientist awards, and the program continued to support 54 career scientists who received their awards in previous years.

The **Health System Linked Research Units** Program provides financial support to multi-disciplinary research teams which are affiliated with health care agencies and organizations, and work with them to conduct and implement research. Each of the Ontario Health System Linked Research Units has a different health services research focus. They also collaborate with ministry program areas to conduct health services research on questions that are important to the ministry.

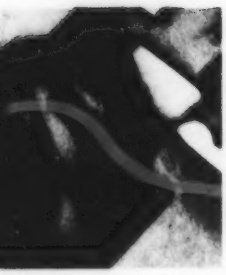
Through the **Co-Sponsorship/Partnership** Fund, the ministry works with other research organizations, at the national and provincial level, to fund innovative health services research, which is consistent with ministry business plan priorities. For example, in 2000/2001, the Fund collaborated with the Canadian Health Services Research Foundation (CHSRF) and the Canadian Institutes of Health Research (CIHR) to support six CHSRF/CIHR Chair Awards in health services and nursing research and nine new research projects. Through this strategic investment, the ministry ensures that Ontario researchers and research organizations have access to national research funding.

The **Government Priority Initiatives** Fund provides funding for time-limited projects that focus on key government priorities (e.g., stroke, nursing, asthma, gene therapy, waiting lists). Successful projects receive funding to support research, dissemination of research results and related activities.

The **Research Transfer and Support** Program invests in activities that support evidence-based research, research transfer, and the dissemination and implementation of research results. In 2000/2001, the ministry used this fund to sponsor a new competition, Making Research Relevant, which was designed to improve the transfer and dissemination of health and health services research. (See story on page 7.)

Through the **Health Intelligence Units (HIU)** Program, the ministry funds five HIUs to gather and analyze information about the health needs, expectations and resources of the population in their region. The information and findings of the HIUs, which are a partnership/collaboration among district health councils, public health units and academic health science centres, are used to help plan education, research and health services activities.

For a detailed list of the researchers and projects that received funding during 2000/2001, see the directory at the end of this report.



"Our goal is to invest strategically in research that generates reliable and timely information, and in research transfer activities to ensure information gets from researchers to decision makers who will use it."

Hanita Tiefenbach, Manager, Research Unit, Corporate Policy Branch, Ministry of Health and Long-Term Care

Promoting Research Transfer: Putting Research into Action

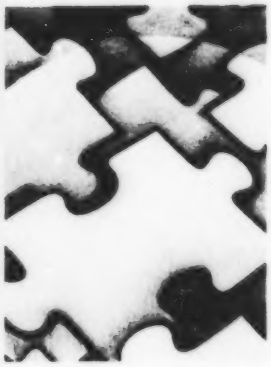
While researchers may have information that could help in planning or delivering health services, that information doesn't always get into the hands of the people who can use it. There are many barriers to research transfer, the process of putting research findings into action, or making evidence-based decisions. During 2000/2001, the ministry took several key steps to make research more relevant and overcome the barriers to research transfer.

Bringing Policy Makers and Researchers Together

In 1998, the Ministry of Health and Long-Term Care established new requirements for its career scientists. Successful candidates are now required to establish links with ministry decision makers, focus on research that will be useful to the ministry, and promote research transfer. However, it's not always easy for researchers to connect with the "right" people in the ministry, or for policy makers to see how researchers can help them.

In October 2000, the ministry sponsored a one-day *Building Research Transfer Relationships Workshop* that brought 30 researchers and policy makers together to discuss the barriers to research transfer and recommend strategies to help the two groups work effectively together. During the workshop, decision makers learned more about researchers, how they work and what they can offer, while researchers learned more about the challenges faced by decision makers and the type of knowledge they need to help them in their work.

As a result of the workshop, the ministry has taken several steps to close the gap between research and action, including funding projects designed to encourage research transfer (see *Making Research Relevant Competition*, page 7) and promoting partnerships between researchers and decision makers.



"The Nursing Secretariat has been working closely with the Nursing Effectiveness, Outcomes & Utilization Research Unit to develop research questions to respond to key policy issues. As a result, we've developed a strategic relationship that allows both partners to contribute effectively to evidence-based policy decisions for Ontario's nursing strategy – particularly in the area of health human resources planning."

Kathleen MacMillan, Provincial Chief Nursing Officer, Ministry of Health and Long-Term Care

Making Research Relevant Merit Review Panel

Dr. John Feightner, Director, Program Co-ordination & Development in Elderly Care, University of Western Ontario (Chair)

Dr. Tom Abernathy, Director, Central West Health Planning Information Network

Ms. Jane Coutts, Senior Program Officer, Research Dissemination, Canadian Health Services Research Foundation

Dr. Maureen Dobbins, Assistant Professor, School of Nursing, McMaster University

Dr. Geoffrey Gurd, Manager, Policy Research Communications Unit, Applied Research and Analysis Directorate, Health Canada

Dr. Rejean Landry, CHSRF/CIHR Chair, Dissemination and Uptake of Research, Department of Political Science, Laval University

Mr. Keith Monroe, Utilization Consultant, Decision Support Unit, Lakeridge Health Corporation

Ms. Katy Nau, Coordinator, Institutional Relations, Canada Foundation for Innovation

Dr. David L. Streiner, Assistant Vice President – Research, Baycrest Centre for Geriatric Care

Mr. Darryl Sturtevant, Director, Mental Health and Rehabilitation Reform Branch, Ministry of Health and Long-Term Care

Providing Incentives to Promote Knowledge Exchange: the *Making Research Relevant* Competition

In November 2000, the Ministry of Health and Long-Term Care extended its funding to support a relatively new field of research: research transfer or knowledge exchange. Using funds from its Research Transfer and Support Fund, it launched the *Making Research Relevant: Building Capacity in Ontario* competition, and invited researchers to submit proposals for one-year, scientifically valid projects that would lead to more effective exchange of knowledge between researchers and policy makers. The goal of the competition was to:

- improve government decision makers' capacity to identify research priorities, communicate them to the research community, and incorporate research results into their decisions
- improve researchers' capacity to link with and communicate their needs to policy makers and health system planners and managers, and address research relevant to decision makers.

Successful Projects

Of the 35 submissions to the Making Research Relevant competition, the panel recommended, based on merit, that the ministry fund nine. One-time, one-year grants totalling $657,862 were awarded to the following researchers/projects:

- **Dr. Melanie Barwick/Dr. Katherine Boydell, The Hospital for Sick Children, to develop the tools to promote province-wide screening and outcome measurement in children's mental health**
- **Mr. John Dorland, Queen's University, to create a computer decision support tool to model the impact of lowering the recommended age for radiographic screening of women for breast cancer from 50 to 40**
- **Dr. Paula Goering, Centre for Addictions and Mental Health, to train researchers working in the Centre for Addictions and Mental Health (CAMH) and the Department of Psychiatry at the University of Toronto in communicating research results to policy makers and mental health/addictions organizations**
- **Dr. John N. Lavis, McMaster University, to describe best practices in research transfer in the ministry-funded health system linked research units and make recommendations for the units' research transfer requirements**
- **Dr. Irving Rootman, University of Toronto, to develop a learning module to help decision makers in hospitals, community health centres and public health departments identify and use research**
- **Dr. Peter L. Rosenbaum, McMaster University, to use qualitative and survey methods to understand decision makers' information needs**
- **Ms. Suzanne Ross, McMaster University, to create a "translation" taxonomy that will help researchers describe how decision makers can use their findings, and help decision makers access relevant research**
- **Dr. Samuel Shortt, Queen's University, to assess the use of OHIP billing data to monitor elective surgery waiting times**
- **Ms. Tina Smith, University of Toronto, to develop and evaluate knowledge transfer curricula tailored to the needs of decision makers and researchers**

The driving forces behind the competition were the needs of both policy makers and researchers. Decisions makers reported that they would be more likely to use research findings if they had better links with researchers and could see how the evidence would help them. At the same time, health services researchers wanted their work to have more influence on policy, but didn't know how to make that happen.

"When researchers finish a project, it can be very difficult and time-consuming to communicate their findings to people who can use them," explains Dr. John Feightner, Professor, Department of Family Medicine, University of Western Ontario, Chair of the Canadian Task Force on Preventive Health Care, and Chair of the Merit Review Panel that reviewed the Making Research Relevant submissions. "What is the most effective way to get useful information to decision makers? Is it better communication? Is it more effective working relationships? The *Making Research Relevant* competition gives us a way to test and evaluate different knowledge exchange strategies."

Dr. John Feightner, Chair of the Making Research Relevant Merit Review Panel. Dr. Feightner is also Professor, Department of Family Medicine at the University of Western Ontario and Chair of the Canadian Task Force on Preventive Health Care, a group with a keen interest in knowledge transfer and exchange.

As a result of these projects, we will know more about knowledge exchange and the effect it has on both decision makers and researchers."

Dr. John Feightner, Professor, University of Western Ontario

Because the submissions were to be judged on both their scientific rigour and their relevance to the health care system, members of the Merit Review Panel were chosen for their skills in health services research and knowledge transfer. Each submission was reviewed by a primary and a secondary reviewer for merit, and then discussed in depth by the full panel.

"Given that knowledge exchange in health services research is still a relatively new field, I was impressed with the breadth and variability in the proposals we received," says Feightner. "I was also extremely pleased with the review process. We were fortunate to have experienced reviewers who were willing to approach the submissions with an open mind. They applied their expertise constructively to ensure we supported projects that had high scientific merit."

According to Feightner, the research competition was an important investment for the ministry, and will help Ontario develop the information it needs to improve knowledge transfer.

"As a result of these projects, we will know more about knowledge exchange and the effect it has on both decision makers and researchers," he says. "The findings should provide some insight into the next stage of research and help us move forward."

Developing Partnerships with Ontario's Health System Linked Research Units

Beginning in 1989, the Ministry of Health and Long-Term Care established the Health System Linked Research Units (HSLRUs) program to:

- build Ontario's capacity to do health services research
- speed implementation of research results
- improve the provision of health services.

As a condition of their funding, the multidisciplinary HSLRU research teams are required to be affiliated with health care agencies and organizations, and work with them to conduct and implement research.

A recent evaluation of the HSLRU program indicates that the HSLRUs are "vibrant centres of research" that have been "highly successful at conducting quality, relevant research" and that have shaped health care services in their communities. They have also been extremely effective in training young researchers and leveraging other research funds.

While the HSLRUs have been able to transfer their research findings to the research community and their partner agencies, the ministry had the sense that they had been less successful in influencing broad public policy. To remedy that, beginning in 2000/2001, the contracts between the ministry and the HSLRUs now require the HSLRUs to be affiliated with a relevant ministry program area, and to devote a portion of their time to sharing their knowledge with ministry decision makers or conducting research to answer their questions.

Ontario's Health System Linked Research Units

- **The Arthritis Community Research and Evaluation Unit**
- **CanChild Centre for Childhood Disability Research**
- **Community Dental Health Services Research Unit**
- **The Community Health Research Unit**
- **Health and Social Service Utilization Research Unit**
- **Hospital Management Research Unit**
- **Supportive Cancer Care Research Unit**
- **Thames Valley Family Practice Research Unit**

In their first 10 years of operation, Ontario HSLRUs were able to use the approximately $24 million in funding from the Ministry of Health and Long-Term Care to develop their teams and research capacity, and leverage more than $51 million in research grants from other sources: a ratio of 2:1. The Health and Social Service Utilization Research Unit has received other grants equal to about four times its ministry funding.

This shift was reinforced by the HSLRU evaluation which noted that "Ontario would benefit if the HSLRUs were more closely linked to ministry policy makers." In just one year, the partnerships between HSLRUs and ministry decision makers are already having an impact on ministry policies and health services. The eight HSLRUs have links to 11 different ministry program areas, and have initiated 26 research projects, three of which will help the ministry develop an effective research transfer strategy. (See stories on pages 22 and 24.)

Establishing Health Services Research Priorities: a National Initiative

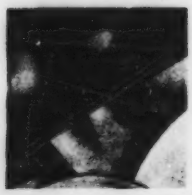
Researchers claim that they would do more relevant health services research if they knew the research that decision makers want and need. During 2000/2001, the Ministry of Health and Long-Term Care played a lead role in a national effort to identify and communicate governments' research priorities.

The idea started with the Federal/Provincial/Territorial Advisory Committee on Health Services Research Working Group, chaired by Sheree Davis, Director, Corporate Policy, Ministry of Health and Long-Term Care. "Our goal was to help the Deputy Ministers of Health identify and promote their common research priorities," explains Davis.

Deputy Ministers and/or senior ministry officials across Canada were interviewed about health research priorities. What are the most pressing issues facing the health care system now? What issues will you face in the future? What information do you need to deal with these issues?

"In Ontario, we used the ministry business plan and government priorities as our base," says Davis. "We then surveyed assistant deputy ministers and key advisers about their research needs, and then held groups to discuss and brainstorm about our priorities." Ontario's research priorities were then synthesized with those of the federal government, other provinces and the territories.

At the same time that Canada's governments were identifying their individual and collective priorities, the national health research funding organizations – the Canadian Institutes of Health Research (CIHR), the Canadian Health Services Research Foundation (CHSRF), the Canadian Council for Health Technology Assessment (CCOHTA) and the Canadian Institute for Health Information (CIHI) –



"It is our way of telling research funding organizations and researchers what we need."

Sheree Davis, Director, Corporate Policy Branch, Ministry of Health and Long-Term Care

had each embarked on a process to identify their respective priorities. All the organizations decided to join together in the development of a national health services research agenda. The collaborative process was called *Listening for Direction*.

"Both the individual jurisdiction priorities and the summary of the governments' common research priorities became primary inputs to the broader national consultation on a health services research agenda," explained Davis. "CIHI, CHSRF, CCOHTA, and CIHR all deserve credit for agreeing to adapt their own individual consultation plans to participate in this joint exercise which resulted in a more focussed review of governments' priorities."

With more clearly defined health service research priorities, government can help make research more relevant to its business planning. "It's our way of telling research funding organizations and researchers what we need," said Davis. "In the past, researchers had to take their best guess at governments' short, medium and long term research needs and priorities. They had to guess at who needed what and where there might be opportunities to build partnerships across jurisdictions. Now we are saying that, if you are going to solicit funding from us, your project should either be on our list or be an emerging issue."

Sheree Davis, Director, Corporate Policy Branch, Ministry of Health and Long-Term Care, and Chair of the Federal/Provincial/Territorial Committee on Research Working Group.

Ontario Recipients of the CHSRF/CIHR/MOHLTC Chair Awards

Dr. Pat Armstrong, York University, who will develop an innovative graduate program that will train students in health policy and politics, with an emphasis on women's interests.

Dr. Peter Coyte, University of Toronto, who will lead a program co-ordinated with 11 agencies, on performance measurement in home care.

Dr. Alba DiCenso*, McMaster University, who will lead a program of research on nurse practitioners.

Dr. Nancy Edwards, University of Ottawa, who will lead a program of education and research on community nursing interventions.

Dr. Paula Goering, Centre for Addictions and Mental Health, who will lead a mental health education/ research program to disseminate best practices and train researchers and decision makers to work effectively together.

Dr. Linda O'Brien Pallas*, University of Toronto, who will lead a program to develop knowledge on nursing human resources and related policy.

***Past recipients of the ministry's Career Scientist Award**

The priority setting process has already had some significant benefits. Links have been established between the national health services research organizations and the appropriate Advisory Committees and Working Groups reporting to the Conference of Deputy Ministers. This stronger working relationship should help put meaningful research into the hands of decision makers.

What other impact will the list of priorities have? "One of the tests will be how the research organizations respond," says Davis. "Are we seeing more projects funded that focus on our priorities? Are more researchers gravitating to those fields? Are there other things we need to do to attract researchers to questions that are important to us?"

Collaborating to Fund Chairs in Health Services Research

In 2000/2001, the Canadian Health Services Research Foundation (CHSRF) and the Canadian Institutes for Health Research (CIHR) established 12 new chairs. These 10-year awards will provide full salary support for seven researchers in health services and five in nursing research.

The chairs are expected to focus on capacity building, education and mentoring. Their main task is to work with young researchers, helping them develop the skills to pursue independent careers in applied health services and policy research. The awards include an annual allowance to support education, mentoring and research.

Six of the 12 chairs were awarded to Ontario researchers, and the Ministry of Health and Long-Term Care (MOHLTC) is co-sponsoring these awards with the CHSRF and the CIHR.

Capacity Building: Honouring Award Recipients

In November 2000, the Minister of Health and Long-Term Care hosted a reception to honour the recipients of the CHSRF/CIHR/MOHLTC Chair Awards, as well as the recipients of the ministry's 2000 Open Provincial Career Scientist Awards and the 2000 CHSRF/MOHLTC Open Grants for research projects. Recognizing and celebrating the scientists' contribution to health services research is another way to raise the profile of this type of research and attract more researchers to the field.

2000 Open Provincial Career Scientist Awards

Most Ontario careers scientists go on to become leaders in their fields, and make significant contributions to research in Ontario and worldwide. The recipients of the five-year 2000 Career Scientist Awards were:

- Dr. Barbara Davies, University of Ottawa, whose field is the transfer of evidence-based interventions in maternal-infant health.
- Dr. Sharon Straus, University of Toronto, who is developing techniques to disseminate resources for practicing and teaching evidence-based medicine, including a collaborative electronic network.

- Dr. Carl van Walraven, University of Ottawa, who is developing a clinical database for hospitalized patients to ensure patient information is transferred from the hospital to the physicians treating patients after they are discharged.
- Dr. Mark Walker, University of Ottawa, whose field is economic evaluations of health services and who will be developing a neonatal outcomes information system and evaluating the cost effectiveness of HIV/AIDS screening policies for pregnant women.

2000 CHSRF Open Grant Competition

Fourteen Ontario scientists involved in nine projects received the 2000 CHSRF grants for research projects that MOHLTC co-sponsors:

- Dr. Julia Abelson, McMaster University, to improve communication with the public on complex health issues.
- Mr. Michael Kerr and Dr. Heather Spence-Laschinger, Institute for Work and Health, to study the major health problems of nurses in Canada and factors leading to those conditions.
- Dr. Maureen Markle-Reid and Dr. Robin Weir, McMaster University, for a randomized controlled trial to compare the effects of a nursing and homemaking model of service delivery with a homemaking model for frail, elderly home care clients.
- Dr. John McLennan, McMaster University, for research on the linkages between early childhood services at different sites and the current state of children's service integration.
- Dr. Linda O'Brien-Pallas, University of Toronto, to examine the relationship between Ontarians' health status and their self-reported use of nursing services, hospital services and nursing utilization in community hospitals.
- Dr. Linda O'Brien-Pallas and Ms. Donna Thomson, University of Toronto, to examine mechanisms and policies for establishing the need for nursing services as well as nurse recruitment and retention strategies.
- Ms. Jennie Pickard and Dr. Diane Irvine Doran, University of Toronto, to evaluate the impact of the competitive model of contracting services used by Community Care Access Centres (CCACs) on the quality and cost of home care.
- Dr. Ellen Rukholm and Dr. Manon Lemonde, Laurentian University, to examine the management of programs in the new hospital organizational system and its impact on providers and patients.
- Dr. Alan Salmoni and Dr. Raymond Pong, Laurentian University, to develop a model of the continuity of care for seniors.

"The products from health systems research form one of the cornerstones of accountability in the health system. These products should inform policy development and create a health system built on the foundations of evidence-based analysis, effectiveness and cost-effectiveness. Ontario is fortunate to have some of the best expertise in health systems research internationally and the Ministry of Health and Long-Term Care is fortunate to be benefiting from its investment in this area."

Dr. Les Levin, Senior Medical Advisor, Medical Advisory Secretariat, Ministry of Health and Long-Term Care

Making Research Relevant: Developing a Health Care System Based on Evidence

Ministry staff and researchers are now working more closely together. And the collaboration is paying off. Researchers are focusing on questions of interest to the ministry, and the ministry is using research findings to shape health programs.

Dr. Les Levin, Senior Medical Advisor at the ministry has developed an effective working relationship with the Supportive Cancer Care Research Unit (one of the province's Health System Linked Research Units). According to Dr. Levin "the products from health systems research form one of the cornerstones of accountability in the health system. These products should inform policy development and create a health system built on the foundations of evidence-based analysis, effectiveness and cost-effectiveness. Without relevant health systems research, we are at risk of funding based on unproven need and unevaluated outcomes on the back of systems pieced together through ad hoc responses to unanticipated pressures. Ontario is fortunate to have some of the best expertise in health systems research internationally and the MOHLTC is fortunate to be benefiting from its investment in this area."

During 2000-2001, health services research had a direct positive impact on health policy, planning and services. Here are some of our success stories.

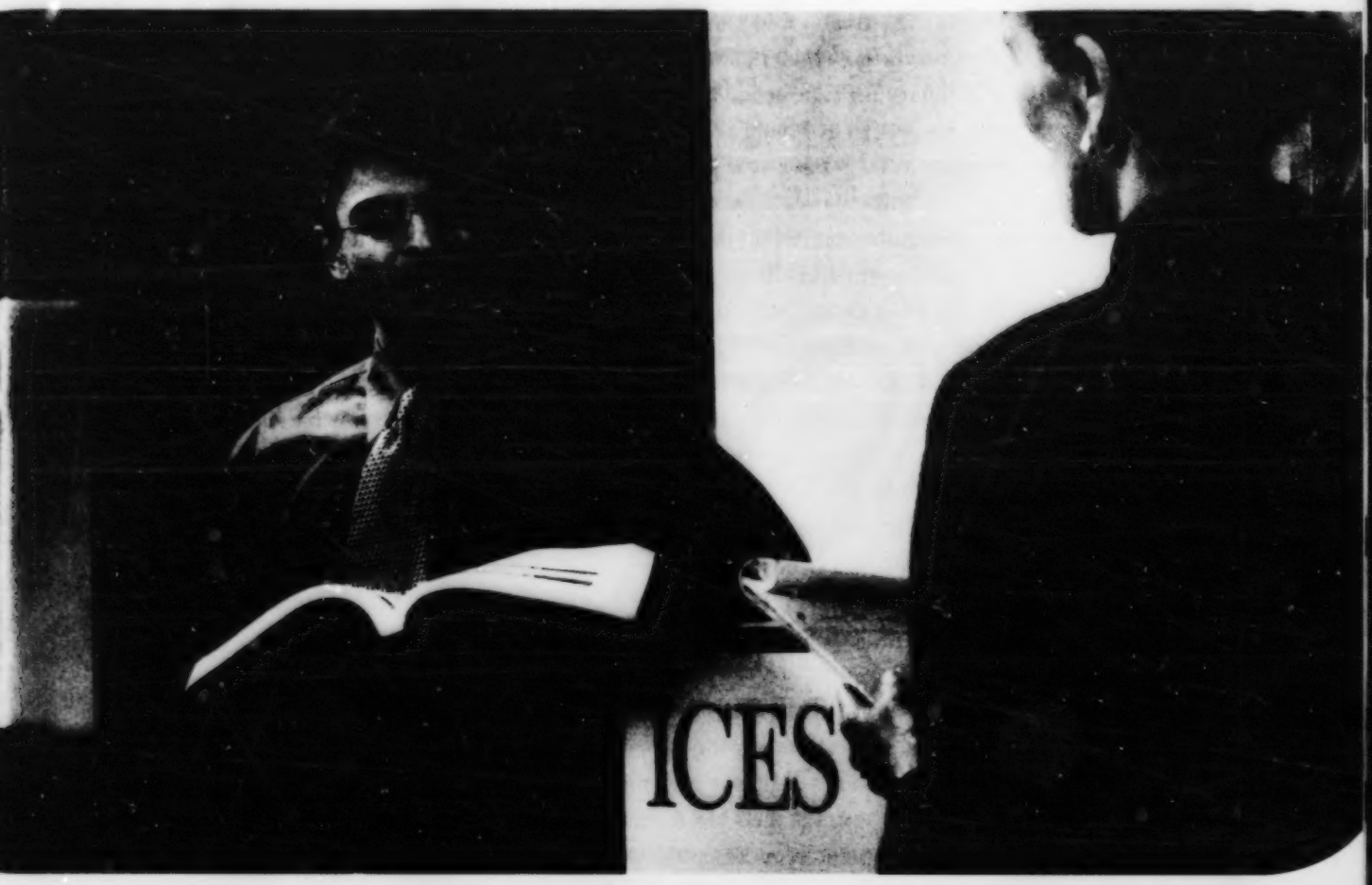
How We are Making Research Relevant ... to Health Policy

Assessing the Cost Effectiveness of Ontario's Stroke Strategy

Stroke is the leading cause of disability in Canada, and one of the leading causes of death. It costs the Ontario economy almost a billion dollars each year. But there is cause for hope. Recent research has demonstrated that stroke can be prevented. New life-saving treatments can also stop stroke in its tracks, and allow people to recover with few if any side effects. If all Ontarians had access to both evidence-based prevention programs as well as emergency and acute care, we could significantly reduce strokes, death, disability, and the need for long-term care.

Armed with these research findings, the Ministry of Health and Long-Term Care and the Heart & Stroke Foundation of Ontario formed a Joint Stroke Strategy Working Group. Its task was to develop a comprehensive stroke strategy for Ontario, including a co-ordinated system of emergency and acute stroke care.

"Early in its deliberations, the working group determined that it wanted more information on the economic impact of these evidence-based changes in prevention and care," explains Heather Hase, the ministry's project co-ordinator for the stroke strategy. "We wanted to know whether intervening and organizing services in a different way would affect health care costs. Would a comprehensive system of stroke prevention and care make a difference economically?"

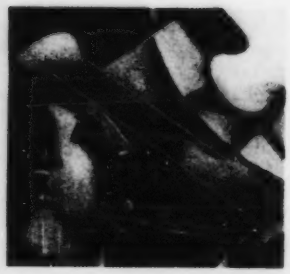


Dr. Muhammad Mamdani, a researcher with the Institute for Clinical Evaluative Sciences, whose work contributed to the province's stroke strategy.

To answer that question, the group worked with Dr. Muhammad Mamdani, a researcher at the Institute for Clinical Evaluative Sciences (ICES). Using the Ontario Health Insurance Plan (OHIP), Canadian Institute for Health Information (CIHI) and other databases ICES has access to, Mamdani developed a decision analysis model that analyzed both the costs and clinical outcomes of different models of care.

"We used the model to assess the impact of three scenarios: the status quo, a two-level system of stroke care, and a three-level system of stroke care," explains Mamdani.

"The model was meticulous," says Hase. "It took into account the real costs of all care associated with stroke, including emergency services, acute care, rehabilitation and long term care. It also took into account the projected growth and aging of the population, and the costs that could be avoided with more effective stroke prevention strategies."



"I like being involved in research that makes a difference, and I'm hoping there will be more of these projects in the future: projects that have an impact on the health system."

Dr. Muhammad Mamdani, Institute for Clinical Evaluative Sciences

The findings? When fully implemented, the comprehensive stroke strategy will cost the government about $30 million a year. With that investment in prevention, emergency care, acute care, rehabilitation and co-ordination services, the health system can avoid about $500 million in health care costs and prevent about 9,900 deaths over a five-year period.

This data strengthened the stroke strategy. According to Hase, "We had both clinical evidence that the strategy would work, and economic evidence that it would be efficient and effective. The solid, evidence-based economic analysis gave the decision makers the confidence to approve the strategy quickly."

"Most decisions are based on belief," says Mamdani. "People often believe that a new intervention will save money. With a study like this, we can prove it and provide the best available evidence to support the belief. When evidence supports doing the right thing – that's what we all want. Then policy makers can make an informed decision."

The exercise was both useful for the ministry, and satisfying for the researchers. "We were pleased to be part of the policy decision making process," says Mamdani. "I like being involved in research that makes a difference, and I'm hoping there will be more of these projects in the future: projects that have an impact on the health system."

Understanding How Nurses Contribute to Patients' Health

What impact does nursing have on patient care and patient health? What types of patient outcomes are sensitive to nursing care? Are people more likely to recover faster, function better or manage their health more effectively if they receive certain nursing services?

"We want to understand how nursing contributes to patient care," says Peggy White, Manager of the ministry's Nursing and Health Outcomes Project. "First, we have to identify patient outcomes that are sensitive to nursing care and figure out how to gather information about those outcomes and store that information in a database."

The project's Expert Panel of researchers and database experts mapped the positive patient outcomes that have been shown to be sensitive to nursing care including functional status, self care, symptom management and patient satisfaction. They then turned to Dr. Diane Doran and her nursing colleagues at the University of Toronto and the University of Western Ontario, who have extensive experience in health services research. The researchers did a critical analysis to establish that each of these outcomes was indeed sensitive to nursing inputs and to determine the scientific validity and reliability of the tools and measures used to collect outcome data.

"The project is extremely innovative because it looks beyond traditional outcome measures, such as secondary complications, that are captured now on patient records," Doran explains, "and focuses on positive health outcomes, which are better markers of quality care."

The researchers presented their findings at an invitational symposium co-hosted by the Ministry of Health and Long-Term Care and the Nursing Research Unit at the University of Toronto. This symposium brought together the members of the project's Expert Panel, ministry decision makers, researchers and experts in nursing outcomes from the U.S.

"We were able to share our research and have a critical discussion about the challenges of selecting outcomes and measurements as well as linking data across data bases and sectors," says Doran.

The next step in the project is to launch demonstration projects in different health care settings that will test both the outcome measures and the tools used to collect the data. (Nurses will complete an assessment on every patient admitted to and discharged from a hospital, complex continuing care, home care or long-term care setting.)

"We will use what we learn in the pilot sites to make final recommendations about how to collect outcomes data as part of the routine process of providing care." Doran says, "Eventually the data will be extracted and housed by the CIHI (Canadian Institute for Health Information) and be available to policy makers and organizations for planning."

According to Dr. Dorothy Pringle, the project's Director, this initiative "puts Ontario ahead of any other jurisdiction anywhere in nursing outcomes research. It will allow us to look beyond mortality and length of stay to see how well patients are cared for."

It will also create positive outcomes for the health care system. "Right now, nursing represents a huge portion of health budgets but we don't know how that spending affects outcomes," White says. "As a result, health care settings often make staff changes without understanding how that might affect patient care. Having good data on nursing sensitive outcomes will help administrators in all health care settings understand how different staff mixes affect patients' health, and they will be able to make staffing decisions based on evidence."

Pringle also believes the process of collecting the data will have a direct and immediate impact on quality of care. "It will help nurses focus more on these outcomes. For example, nurses will be more likely to make sure that patients being discharged are better prepared and know what they should do about their medication and activity."

According to Kathleen MacMillan, Provincial Chief Nursing Officer and head of the ministry's Nursing Secretariat (the group responsible for overseeing and evaluating Ontario's nursing strategy and providing advice to the Minister), "the results of the outcomes research will help legitimize the ministry's focus on nursing, and help us develop nursing policies that are evidence-based."

"Health services research is a wonderful field to work in. There are so many interesting questions to explore. Having a close link with policy makers has helped me understand how to make research more relevant to decision makers and how to put my findings into language that can be disseminated."

Dr. Diane Doran, Faculty of Nursing, University of Toronto

Creating a Snapshot of Diabetes in Ontario

Each year over 50,000 people in Ontario are diagnosed with diabetes. It is the leading cause of end-stage kidney disease and acquired blindness, and a major contributor to cardiovascular disease, the leading cause of death in the province. Our ability to prevent and manage a chronic disease like diabetes depends on knowledge. Who has diabetes? Where are they? What services do they need? How can we use our resources to have the greatest impact?

Dr. Jan Hux, a researcher at the Institute for Clinical Evaluative Sciences (ICES) and an Ontario Career Scientist, has been working closely with Joan Canavan, the Ministry's Diabetes Advisor, to develop Ontario's portion of the National Diabetes Surveillance System (NDSS), a national registry of diabetes cases, which will help answer those questions.

"I was very impressed with the work done in Manitoba using administrative data to develop a virtual registry of diabetes cases," explains Hux, "and wanted to reproduce it here." Through ICES, Hux had access to the linked Ontario Health Insurance Plan (OHIP) and Canadian Institute for Health Information (CIHI) databases needed to develop the diabetes registry. Working with the ministry, she has created a rich resource for research and policy.

"As part of our pediatric diabetes service review, we asked Jan to give us a snapshot of the prevalence and incidence of childhood diabetes in Ontario, plotted on a map," says Canavan. "That way, we could compare the clusters of disease with the locations of our education services, and see the gaps."

Hux has prepared a similar snapshot of adult diabetes in Ontario, and responds to requests from other parts of the health care system for information on diabetes.

"The Ministry has helped us connect with the right people and these stakeholders know exactly what they need," says Hux. "For example, we had been planning to report our data at a District Health Council or district level, but learned that planners want to understand the patterns and variations of disease within each district. So, we are now reporting at a county level. Getting advice from the people who would use our research, at the beginning of the project, was tremendously helpful."

Hux's work has raised the profile of diabetes in Ontario. ICES is now preparing a diabetes atlas that will provide a comprehensive overview of disease patterns, care delivery, and outcomes for people with diabetes in Ontario. Hux hopes to be involved in a project to demonstrate the benefit of giving physicians feedback on their prescribing practices when treating patients with diabetes. She also recently completed some work with ministry staff responsible for aboriginal health. Her network of contacts with decision makers continues to grow.

According to Hux, her commitment to developing relationships with stakeholders is part of the ICES culture. "We're all passionate about seeing research translated into policy and practice," she explains. "I think it's part of the researcher's responsibility. I want to be doing research that makes a difference. My role is to conduct research that provides evidence to guide policy development."

"Five years ago, the diabetes research agenda was focused on bench researchers," says Canavan. "There hadn't been much work done on utilization and health outcomes. Thanks to Jan, the landscape has changed. We are now able to develop policy that is supported by Ontario specific data, instead of extrapolating from U.S. data. Her work provides the backbone for the Ministry's diabetes strategy. We know where to put our resources, and we are able to make decisions we couldn't make before."

How We are Making Research Relevant ... to Health Planning

Designing Integrated Systems for Community Mental Health

Each year, the Ontario Mental Health Foundation (OMHF) receives a grant from the Ministry of Health and Long-Term Care to support mental health research. The OMHF's goal is to improve knowledge about the prevention of mental disorder, and the efficient diagnosis, treatment and rehabilitation of the mentally ill.

The OMHF funds research on the biological, psychological or social factors that either foster mental health or lead to a mental disorder. It also provides fellowships for new investigators whose work shows promise. In 2000/2001, the Foundation administered a total of 74 grants and fellowships, most of them for biomedical or clinical research. It also worked with the ministry to issue a new request for proposals (RFP): one designed to encourage evaluative mental health research.

"Our goal is to develop a knowledge strategy for mental health," says Darryl Sturtevant, Director, Mental Health and Rehabilitation Reform Branch. "We want to encourage researchers to do more work in health services research and provide evidence we can use to implement mental health reform."

"The ministry had some very specific questions it wanted answered," explains Dr. Howard Cappell, executive director of the OMHF. "It turned to the Foundation because we have contacts with the mental health research community, as well as experience administering peer-reviewed grant programs."

The OMHF received a total of six proposals, five of which were funded. Sturtevant described the impact of one of the projects, a synthesis of research on system integration models used in mental health.

"Right now, in Ontario, we have nine task forces around the province designing systems of community-based mental health care," he says, "and they need information."

The researchers, Dr. Janet Durbin and Dr. Paula Goering (Centre for Addictions and Mental Health), presented the synthesis at a policy forum for task force members, researchers and representatives from other provinces that have had experience integrating mental health services. Participants discussed the research findings. The representatives from other provinces were able to describe their experience working with different models. The forum looked at both theory and practice, and task force members gained valuable insight into their task.

"We didn't just benefit from the research," stresses Sturtevant, "we all gained from the process and the discussion." A report from the forum has been sent to all the participants. The ministry believes the task forces' system designs will be much stronger – thanks to the research.

For the OMHF, the special RFP was an expansion of its partnership with the ministry. "In the past, we have welcomed proposals for health services research, but it hasn't been a Foundation priority," explains Cappell. "With this RFP, the ministry made its research needs very clear, and researchers responded. In the future, we look forward to working more closely with the ministry to ensure that the research we fund is both scientifically excellent and relevant."

Dale Butterill, Diane MacFarlane and Dr. Paula Goering, researchers with the Centre for Addictions and Mental Health (CAMH) and recipients of a project grant for evaluative mental health research.

"In mental health, we have usually done a better job of advocacy than we have of analysis," says Sturtevant. "By focusing on evaluative research and building partnerships among the ministry, the OMHF and researchers, we will be able to build Ontario's capacity to analyze information and develop the evidence to plan mental health services."

Finding More Equitable Ways to Fund Home Care Services

The ministry funds Ontario's Community Care Access Centres (CCACs) and Community Support Service (CSS) agencies, the agencies responsible for purchasing and providing community-based care (or home care), using an equity formula. There is a pot of money for community care services, and the ministry allocates that money among the different CCACs and CSS agencies using a formula based on population and other factors.

"When we first developed the community equity funding formula, we knew it was just a start and would need more work," explains John McKinley, Director, Finance and Information Branch, Ministry of Health and Long-Term Care. "In 2000, we started to review the funding formula, and looked for an independent organization that had the analytical expertise and academic reputation, as well as the ability to work with the ministry and the stakeholders, to help us. We approached CHEPA (the Centre for Health Economics and Policy Analysis)."

"We were very pleased to be involved," says Dr. Jeremiah Hurley, Acting Director, CHEPA, and Professor, Department of Economics at McMaster University. "Under the terms of our research agreement with the ministry, each year we are required to participate in selected projects for the ministry. We have extensive experience developing needs-based funding methods, so this project – which requires both analytical and technical skills for which the Centre has an international reputation – is something we looked forward to and can do very well."

The challenge was to develop a needs-based funding formula for home care services that would take into account the differing levels of need within the CCAC regions.

"We developed the approach in consultation with the ministry committee and with stakeholder groups, and discussed the factors that we would integrate and how they would be integrated," Hurley explains. "We were interested in developing a formula that would reflect health needs, be acceptable to the community, including CCACs and CSS agencies, and be innovative."

"For me, it is exactly the kind of symbiotic relationship one wants. The Ministry's got a better product and the Centre researchers are engaged in a really interesting question that is relevant and important. We also know our work will be used."

Dr. Jeremiah Hurley, Centre for Health Economics and Policy Analysis, McMaster University

CHEPA researchers are using the 1995/96 Ontario Health Survey data as the basis for their work. That database provides a representative sample of the Ontario population, and includes information on health, demographic, social and economic characteristics, living arrangements and use of home care services. The researchers are also able to link that data to actual utilization files from the home care program and from other health care services.

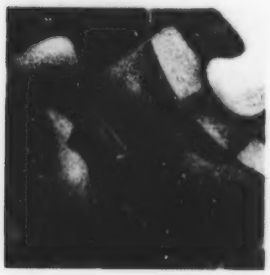
"This allows us to come up with a model that will predict individual need and use of home care services while controlling for system level characteristics that influence receipt of services," says Hurley. "We want to identify what aspect of utilization is truly correlated with need and take into account other factors that may generate demand for home care. Our goal is to assess all factors that drive need for home care services."

"When the formula is ready, we will test it with the committee," McKinley says, "and we anticipate that it will be used to allocate any new funding for community services."

Both McKinley and Hurley believe the partnership between the ministry and CHEPA has been mutually beneficial.

"For me, it is exactly the kind of symbiotic relationship one wants," says Hurley. "The ministry's got a better product and Centre researchers are engaged in a really interesting question that is relevant and important. We also know our work will be used."

"The researchers have been very responsive," adds McKinley. "For us, it is an advantage to have the funding formula academically driven and to have the stakeholders involved in the process. This should give us a good, evidence-based model as well as community buy-in."



Gina Browne, Director, Health and Social Service Utilization Research Unit, McMaster University, is working on projects that move research findings into practice.

How We are Making Research Relevant ... to Health Services

Integrating Services for Children

For the past 10 years, the Health System Linked Research Unit on Health and Social Service Utilization at McMaster University has worked closely with 16 health and social service agencies in two communities to integrate and strengthen services. Together, they have identified research questions and conducted studies, and their findings have shaped policies and services. Their work has led to changes in a wide range of health and social services, including day services for people who are cognitively impaired, community rehabilitation, services for seniors living alone, public health services, and services for people who are chronically ill.

In a landmark study, *When the Bough Breaks*, Unit researchers were able to demonstrate that an investment in quality child care and recreation for children of single mothers on welfare increases the number of women going off welfare rolls

and pays for itself in one year. As a result, 41 of Ontario's 47 municipalities have implemented integrated programs for mothers on welfare and their children using National Child Benefit dollars.

Beginning in 2000, the Health System Linked Research Unit developed a new partnership with the Integrated Services for Children Division of the Ministries of Health and Long-Term Care and Community and Social Services in addition to its original 16 partner agencies.

"We saw that the Unit had extensive knowledge and strengths in service integration that could help us develop and promote integrated services for children," says Brenda Ross, Evaluation Analyst, in the Early Years and Healthy Child Development Branch.

"Because this ministry program area dealt with both health and social services and focused on children, it seemed like the logical partner for us," explains Dr. Gina Browne, Unit Director.

"Gina has a wonderful ability to put research into language that service providers can understand. She makes the research come alive, and helps them see how they can apply their findings in their work."

Brenda Ross, Evaluation Analyst, Early Years and Healthy Child Development Branch, Ministry of Health and Long-Term Care

As part of an effort to move research findings into practice, Browne and other members of her team have conducted regional workshops for public health staff and community partners across the province responsible for delivering the Healthy Babies, Healthy Children program. The researchers provided information on the effectiveness of home visiting and how to recognize and treat post-partum depression. They also explored opportunities for service integration at the local level.

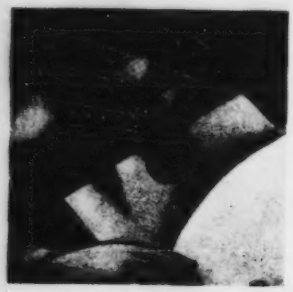
"We've had very positive feedback on the workshops," says Ross. "Gina has a wonderful ability to put research into language that service providers can understand. She makes the research come alive, and helps them see how they can apply the findings in their work."

The Unit has also completed an assessment of reviews of effective and efficient health, education, recreation, welfare, social and other services for school-aged children, called *Sewing the Seams*. According to the findings, effective programs for school-aged children should include: universal screening to identify youth who are vulnerable; early proactive intervention programs; close links with an integrated array of remedial services; a focus on helping youth develop the social, emotional, interpersonal, artistic and other competencies that will help protect them from risk; and effective use of local public, private and voluntary resources and partnerships.

"The findings also tell us that the services have to be located close to the children, be linked with parents and families, and be intensive enough to help children develop the skills and competencies they need," explains Browne.

"The challenge in developing integrated services for youth is that many of the services are funded by separate ministries – Health, Social Services, Housing, and Corrections – and they all have to come together. That means we have to inspire innovation to overcome the barriers to integration at both the provincial and local levels."

Based on the Unit's past experience, the best way to do that is through research that clearly demonstrates the benefits of investing in, organizing and delivering intersectoral services in different ways.



"It's exciting to be in a relationship with decision makers where you can help support their decisions."

Dr. Cheryl Cott, Arthritis Community Research and Evaluation Unit, University of Toronto

"It takes time to build a relationship. Like any other partnership, it is based on respect and the ability to meet the needs of both parties. It's important to speak the same language so you can communicate effectively, and the relationship can grow and blossom."

Carrie Hayward, Director, Strategic Health Policy Branch, Ministry of Health and Long-Term Care

Making Rehabilitation Services Client-Centred

With its rehabilitation reform pilot projects, the ministry is testing a new service delivery model for rehabilitation outlined in *Managing the Seams*, which is based on a client-centred model of care. But what does that mean for clients and service providers? What steps do programs have to take to provide client-centred care for adults with chronic disabling conditions? What measures can programs use to assess whether their services are client-centred?

To answer these questions, the ministry's Rehabilitation Program Policy Unit turned to researchers at the Arthritis Community Research and Evaluation Unit (ACREU), one of Ontario's eight Health System Linked Research Units.

"We were planning pilot projects to test the service delivery model," explains Kathy Clarke, Manager of the Rehabilitation Program Policy Unit, "and we wanted ACREU's help to ensure that the model would be client-centred."

During an extensive literature review of client-centredness, the researchers found that most of the data was from acute care settings. To develop a clearer understanding of client-centredness in rehabilitation, they conducted a series of focus groups with people with acquired brain injuries, spinal cord injuries, arthritis and other chronic disabilities. Through their analysis, the researchers were able to identify both client-level and system-level indicators of client-centred rehabilitation, and ways to measure them.

"If these indicators are in place, then rehabilitation services are more likely to be client-centred," explains Dr. Cheryl Cott, the research lead on the project. "Our research reinforced that 'client-centred' isn't just how you treat the clients, it's also how you organize services. Many of the key indicators are system-based. They involve changing the way care is delivered and providing more support for therapists so they are able to provide client-centred care."

The researchers' involvement in the project didn't end with their report. They have continued to work with three of the four rehabilitation pilot projects to revise and incorporate the client-centred measures.

Cott, who is one of the principal investigators for the Rehabilitation Feasibility Study of the Hospital Report Card 2001 project, also sees other ways to use what they have learned. "We plan to integrate our rehabilitation findings, and use them to help the rehabilitation report card, and potentially report cards for other sectors, move beyond patient satisfaction measures."

"In the past, there was a big divide between research and policy in rehabilitation," says Clarke. "Our branch is now trying to develop links with researchers, and use their work to help us develop evidence-based policy. We've had a great relationship with ACREU. They've been very accommodating. We can call any time. They are willing to discuss ideas, attend meetings and make presentations. And we're using their work to inform rehabilitation reform in Ontario."

"It's been a win-win situation," says Dr. Elizabeth Badley, ACREU's Director. "The ministry gets information it needs, and we have a chance to do research that makes a difference."

"Most researchers spend a lot of time trying to get decision makers to pay attention to their findings," adds Cott. "It's exciting to be in a relationship with decision makers where you can help support their decisions."

A Directory of Ministry-Funded Research

Health and Health Services Organizations

Organization	Description	Contact
Cancer Care Ontario	Cancer research conducted at Cancer Care Ontario's regional cancer centres, in universities, and at the Ontario Cancer Institute.	Dr. Alan Hudson alan.hudson@cancercare.on.ca
Centre for Addictions and Mental Health	Addiction and mental health research, including biological, clinical, social, and health services research, conducted by 10 units on three sites: the Centre for Addictions and Mental Health, the Clarke Institute of Psychiatry and the Queen Street Mental Health Centre.	Dr. Paul Garfinkel paul_garfinkel@camh.net
Centre for Comprehensive Research on Childhood Cancer, Pediatric Oncology Group of Ontario	Provincial research in childhood cancer designed to improve the quality of life for patients, families and survivors and ensure cost-effective and efficient use of resources; coordination among treatment services and between the treatment system and community-based services; epidemiological and survivorship studies, economic research, policy research, and outcome and model evaluations.	Dr. Corin Greenberg cgreenberg@pogo.on.ca
Centre for Health Economics and Policy Analysis, McMaster University	Initiatives to contribute to/increase the amount of original research on health economics and health policy questions and to increase training opportunities in these fields and research capacity in Ontario; strategies to create more effective exchange between researchers and policymakers, and improve the policy relevance of applied research.	Dr. Jeremiah Hurley hurley@mcmaster.ca
Centre for Rural and Northern Health Research, Lakehead University/Laurentian University	Research to assist the Ministry in implementing its strategies for northern and rural health care.	Dr. Bruce Minore Dr. Raymond Pong bruce.minore@lakeheadu.ca rpong@nickel.laurentian.ca
Institute for Clinical Evaluative Sciences	Research that studies physician services, including the rates and appropriateness of medical procedures performed, hospital lengths of stay, and drugs prescribed; identification of variations in procedures and treatments that will improve the quality, accessibility or efficiency of services.	Dr. Andreas Laupacis alaupacis@ices.on.ca
Nursing Effectiveness, Utilization and Outcomes Research Unit, University of Toronto/McMaster University	The appropriate supply, distribution, and employment of nurses to meet new responsibilities created by restructuring in the health care system; methods to maintain quality while making efficient use of health system funding.	Dr. Linda O'Brien-Pallas Dr. Andrea Baumann l.obrien.pallas@utoronto.ca baumanna@mcmaster.ca
Ontario Mental Health Foundation	Research that promotes the mental health of people living in Ontario, prevents mental illness and improves diagnosis, treatment and rehabilitation.	Dr. Howard Cappell cappell@omhf.on.ca
Ontario Neurotrauma Foundation	Strategic investment in knowledge creation, knowledge transfer and research capacity building in spinal cord and traumatic brain injury (neurotrauma) prevention, rehabilitation and biomedical research in Ontario.	Mr. Kent Bassett-Spiers kent@onf.org
Ontario Rehabilitation Technology Consortium, Bloorview MacMillan Centre	Research on and commercialization of assistive devices/products to enhance the lives of persons with disabilities, their families and communities.	Dr. Morris Milner mmilner@bloorviewmacmillan.on.ca
Ontario Tobacco Research Unit, University of Toronto	Monitoring progress on Ontario's Tobacco Strategy and reporting information on key indicators; regular literature reviews and analysis of ongoing research in priority areas; program and policy research; a provincial focus for tobacco-related research and community health system networking, nationally and internationally.	Dr. Suzanne Jackson Suzanne.Jackson@utoronto.ca
Queen's Health Policy Research Unit, Queen's University	Research on health policy, programs, services, utilization, costs and alternative delivery systems; evaluation of alternative forms of health care organization, funding and delivery; dissemination of information; research training.	Dr. Samuel Shortt shortt@qhp.queensu.ca

Health System Linked Research Units

Organization	Description	Contact
Arthritis Community Research and Evaluation Unit, University Health Network	Research to reduce the adverse impact of arthritis on individuals, their families, and in the community, and to improve service delivery and quality of care for people with arthritis; research to support the ministry's Arthritis Strategy and rehabilitation reform initiatives.	Dr. Elizabeth Badley badley@uhnres.utoronto.ca
CanChild Centre for Childhood Disability Research, McMaster University	Research to advance health services and improve quality of life for Ontario's children and youth with disabilities; best practices in early identification, diagnosis and treatment of children with special needs; the health needs of parents of children with special needs; services used by children of special needs.	Dr. Mary Law Dr. Peter Rosenbaum lawm@mcmaster.ca rosenbau@mcmaster.ca
Community Dental Health Services Research Unit, University of Toronto	Research to facilitate the planning, organization and delivery of improved public health dental services and ensure access to appropriate treatment, prevention and health promotion services; the update of evidence-based reports on dental preventive technologies; a comparison of the cost effectiveness of topical fluoride gel and varnish for prevention of decay in high risk children; development of an inventory of policy and decision makers in dental health and their policy and program concerns.	Dr. David Locker david.locker@utoronto.ca
Community Health Research Unit, University of Ottawa	Research to foster province-wide improvements in public health services, particularly in the areas of self care, community action and supportive environments; research to support health promotion in the areas of injury prevention, HIV prevention, heart health, healthy aging, and tobacco control; an examination of the costs/benefits of changes to the five Mandatory Public Health Programs; research to identify best practices in research transfer and develop a current accessible database/inventory of investigators conducting research in health services and population health in Ontario.	Dr. Nancy Edwards nedwards@zeus.med.uottawa.ca
Health and Social Service Utilization Research Unit, McMaster University	Research to improve the health of people with chronic conditions while reducing the expense of their care; research transfer and the adoption of evidence-based interventions for the Healthy Babies, Healthy Children program; integration practices for children at risk.	Dr. Gina Browne browneg@mcmaster.ca
Hospital Management Research Unit, University of Toronto	Research to improve the effectiveness and efficiency of Ontario hospitals; primary care performance indicators; research into various health care settings.	Dr. Louise Lemieux-Charles l.lemieux.charles@utoronto.ca
Supportive Cancer Care Research Unit, McMaster University	Research/research transfer to improve supportive health services for cancer patients and their families; assessment of ambulatory, community and home-based services, the links between formal and informal support resources, and how to strengthen them; development and evaluation of methods to improve dissemination of information to cancer patients and involve them in treatment decision-making; best models for co-ordinating support cancer care in the community.	Dr. Timothy Whelan tim.whelan@hrcc.on.ca
Thames Valley Family Practice Research Unit, University of Western Ontario	Research to help family doctors provide more effective care; the challenges family practices face in organizing into Ontario Family Health Networks /inter-disciplinary teams; strategies to enhance family physicians' use of information technology; development of physician practice profiles that identify pressures and changing practice patterns.	Dr. Moira Stewart moira@uwo.ca

Health and Health Services Research Personnel Development

Current Recipients

Award Recipient	Area of Research	Description
Dr. Julia Abelson McMaster University abelsonj@mcmaster.ca	Evaluation of Health Services and Funding	Evaluation of reforms to the delivery, organization and funding of health services in communities across Ontario.
Dr. Kenneth Allison University of Toronto k.allison@utoronto.ca	Health Promotion and Physical Activity	The application of social science theory to health promotion, particularly the influence of psycho-social factors on physical activity, barriers to physical activity, and the effectiveness of public policy interventions to promote physical activity.
Dr. Kristan Aronson Queen's University aronson@post.queensu.ca	Environmental and Occupational Epidemiology	Multi-disciplinary studies on determinants of breast and prostate cancers.
Dr. Heather Arthur McMaster University arthurh@mcmaster.ca	Access to Acute and Rehab Cardiac Services	The structure and provision of community-based rehabilitation services for women with heart disease; patient management during the waiting time for coronary artery angiogram.
Dr. Carlos Barajas-Lopez Queen's University Barajasc@meds.queensu.ca	Gastrointestinal Disease	Investigation of the basic cellular properties of gastrointestinal nerves to provide an understanding of the factors regulating gut function in health and disease.
Dr. Kathryn Bennett McMaster University kbennett@mcmaster.ca	Mental Health Services for Children	Preventive mental health services for children; the effectiveness of school-based prevention programs; improving our understanding of the prognostic significance of aggressive behaviour in childhood.
Dr. Susan Bondy University of Toronto susan.bondy@ices.on.ca	Cancer Care Outcomes	Best practices for physicians in detecting and treating cancer; assessment of the impact of care programs.
Dr. Heather Boon University of Toronto heather.boon@utoronto.ca	Alternative and Complementary Medicine in Ontario	A systematic investigation of the current utilization of complementary/alternative medicine (CAM) to assess the safety and efficacy of many common treatments and products, and the professionalization of CAM.
Dr. Lucie Brosseau University of Ottawa lbrossea@uottawa.ca	Treatments and Measurement Scales in Rehabilitation	Efficacy of new health and rehabilitation treatments for musculoskeletal and neurological conditions; the impact of introducing these new treatments in rehabilitation services.
Dr. Angela Cheung University of Toronto angela.cheung@uhn.on.ca	Health Services Research in Women's Health	Postmenopausal women's health with a focus on osteoporosis, cardiovascular health and prevention of breast cancer; patterns of care, access and utilization, preferences and risks, as well as effectiveness and cost-effectiveness of various intervention strategies.
Dr. Lisa Cicutto University of Toronto lisa.cicutto@utoronto.ca	Achieving Optimal Asthma Care	Identification of uncertain and inappropriate areas of asthma care; development and evaluation of innovative strategies to promote effective asthma management; promotion of patient-asthma care professional partnerships; and application of the disease management model to other chronic respiratory conditions.
Dr. Donna Ciliska McMaster University ciliska@mcmaster.ca	Women's Health/Health Promotion	Factors in women's health, such as low self-esteem, body image and depression, and their relation to eating behaviour.
Dr. Deborah Cook McMaster University debcook@mcmaster.ca	Critical Care Evaluation	An evaluation of diagnosis and therapy in the critical care setting for gastro-intestinal bleeding, septic shock, continuous monitoring of ECG, stress ulcer, pneumonia prophylaxis, and chronic airway limitation.
Dr. Kenneth Croitoru McMaster University croitoru@mcmaster.ca	Inflammatory Bowel Disease	Inflammatory bowel disease (IBD), including Crohn's disease and ulcerative colitis; the role of the intestinal immune system in IBD.

Current Recipients

Award Recipient	Area of Research	Description
Dr. Barbara Davies University of Ottawa bdavies@uottawa.ca	Research Transfer for Maternal-Infant Health	Increasing the transfer and uptake of evidence-based interventions in maternal-infant health; research to improve communication of best practices to nurses, other practitioners, decision-makers and consumers.
Dr. Heather Davis University of Ottawa hdavis@coleypharma.com	Gene Therapy and Genetic Immunization	The use of CpG DNA, a potent immune stimulator, to augment responses to vaccines or for treatment of chronic infections, cancer and asthma.
Dr. Alba DiCenso McMaster University dicensoa@mcmaster.ca	Introduction and Evaluation of Nurse Practitioners in Ontario	Evaluation of primary care and acute care nurse practitioners (NPs) in Ontario, including evaluating the effectiveness of neonatal NPs, the educational program to prepare primary care NPs, the practice patterns of primary care NPs and their impact on patient and health system outcomes.
Dr. Paul Dick University of Toronto paul.dick@sickkids.ca	Pediatric Home Care and Hospitalization	The advantages and disadvantages of home care versus the hospital care of sick children.
Dr. Laurie Elit McMaster University laurie.elit@hrcc.on.ca	Informed Choice in Treatment Decisions	Patient preferences and shared decision-making, particularly in the delivery of cancer services to women with gynecologic malignancies.
Dr. Brian Feldman University of Toronto brian.feldman@sickkids.ca	Treatments of Childhood Arthritis	Treatment of juvenile rheumatic diseases, including childhood arthritis; comparison of the cost-effectiveness of rehabilitative and pharmacologic therapies.
Dr. Debbie Feldman-Stewart Queen's University deb.feldman-stewart@krcc.on.ca	Information Needs for Cancer Patients	Research to identify the information required to improve patient's understanding of their medical situation, how it should be presented, and how care providers can help patients participate in treatment decisions.
Dr. Michael Fehlings University of Toronto michael.fehlings@uhn.on.ca	Spinal Cord Injury	Spinal cord injury in which the severing of the cord is incomplete; the nature of spinal cord dysfunction following severe injury and novel therapeutic approaches.
Dr. Paul Fletcher University of Toronto Paul_Fletcher@camh.net	Impulsive Behaviour	Research on a substance in the brain, serotonin, to determine its role in controlling behaviour, particularly motivated behaviour such as drug taking and eating behaviour.
Dr. Patti Ann Groome Queen's University patti.groome@krcc.on.ca	Patterns of Practice in Cancer Care	Practice pattern variations and their impact on outcomes for patients with larynx or prostate cancer.
Dr. Eva Grunfeld University of Ottawa eva.grunfeld@orcc.on.ca	Community Oncology	Community follow-up of patients with breast cancer and patient involvement in planning health care to determine whether family doctors' early involvement in follow-up affects their willingness to provide palliative care and whether it is useful to continue mammography after breast cancer has been diagnosed.
Dr. Stewart Harris University of Western O..ario sharris1@uwo.ca	Diabetes	Methods to improve family physician management of patients with diabetes; assessment of educational materials that promote disease prevention strategies; implementation and evaluation of a culturally specific community-based intervention for First Nations communities.
Dr. Margaret Harrison Queen's University mharrison@ohri.ca	Continuity of Care for Complex Health Populations	Development of an "Intersectoral Continuity of Care Framework" to optimize health care delivery; integration of care by creating linkages across settings, providers and recipients of health care for complex health populations.
Dr. Paul Hebert University of Ottawa phebert@ohri.ca	Critical Care	Assessment of critical care interventions to determine whether they save lives and are cost-effective.

Current Recipients

Award Recipient	Area of Research	Description
Dr. Daren Heyland **Queen's University** **dkh2@post.queensu.ca**	**Critical Care Evaluation**	**Diagnosis, prevention and impact of ventilator-associated pneumonia; optimal nutrition for critically ill patients; and end of life decision-making.**
Dr. Janet Hux University of Toronto jan@ices.on.ca	Diabetes in Ontario – Patterns of Disease Treatment and Complications	The use of Ontario administrative data to explore the burden of diabetes, its complications and treatment; interventions to improve patterns of practice in primary care, particularly prescription drug use.
Dr. Stephen Hwang **University of Toronto** **hwangs@smh.toronto.on.ca**	**Inner City Health**	**Health care utilization and access to care in the inner city, the effects of restructuring the health care system on poor urban populations, and the optimization of health care delivery systems to meet the needs of the inner city.**
Dr. Susan Jaglal University of Toronto susan.jaglal@utoronto.ca	Hip Fracture and Health Promotion	Population health and health promotion, particularly the prevention of falls and injury caused by osteoporosis in elderly patients who are hospitalized for and recovering from fracture.
Dr. Richard Jordan (No longer with University of Toronto) **Please contact Dr. James Main** **University of Toronto** **james.main@utoronto.ca**	**Screening and Treatment Strategies for Oral Cancer**	**The biology of oral precancer and oral cancer; early diagnosis and treatment (at the pre-cancerous stage) to reduce incidence.**
Dr. Kevin Kain University of Toronto kevin.kain@uhn.on.ca	Parasitology of Malaria	Development of a genetic "fingerprint" technique to identify the infecting agent in malaria, improve diagnosis and management, and reduce drug resistance and relapse.
Dr. Glen Kenny **University of Ottawa** **gkenny@uottawa.ca**	**Modality of Exercise in Type 2 Diabetes**	**Human performance and environmental medicine; exercise interventions in diabetes mellitus and their impact on health.**
Dr. James Lewis University of Western Ontario jflewis@uwo.ca	Acute Lung Injury	The role of surfactant, a substance present in the lung, in acute lung injury.
Dr. Ruth Martin **University of Western Ontario** **remartin@uwo.ca**	**Oral Sensorimotor Disorder**	**Impairment of oral sensorimotor functions caused by stroke, the mechanisms underlying swallowing, chewing and speech, and the role of the central nervous system in these behaviours.**
Dr. Gillian McCarthy University of Western Ontario gmccarth@uwo.ca	Oral Health Care and Infection Control	Health care workers' infection control, occupational exposures to blood, and attitudes towards providing care for patients with HIV, HBV and HCV.
Dr. Graham Nichol **University of Ottawa** **gnichol@ohri.ca**	**Economic Evaluation of Cardiovascular Interventions**	**Economic evaluation of cardiovascular disease, particularly the assessment of cardiac drugs and devices.**
Dr. Annette O'Connor University of Ottawa aoconnor@ohri.ca	Informed Choice in Health Decision-making	Development and evaluation of decision aids for patients who need to make health care choices to prevent or manage chronic health conditions.
Dr. Denis O'Donnell **Queen's University** **odonnell@post.queensu.ca**	**Breathlessness in Patients with Pulmonary Disease**	**The mechanisms and management of laboured or difficult breathing in people with lung disease (e.g., asthma).**
Dr. Beverley Orser University of Toronto beverley.orser@utoronto.ca	Mechanism of Anaesthesia	The effects of different anaesthetics on the nervous system; identification of the protein receptors that mediate the therapeutic properties of anaesthetics and development of safer anaesthetic compounds.
Dr. Alexandra Papaioannou **McMaster University** **papaio@mcmaster.ca**	**Osteoporosis and Geriatric Medicine**	**Prevention, diagnosis and treatment of osteoporosis; the economic impact of osteoporosis-related vertebral and wrist fractures.**

Current Recipients

Award Recipient	Area of Research	Description
Dr. Lawrence Paszat University of Toronto lawrence.paszat@tsrcc.on.ca	Cancer Treatment Assessment	Assessment of the use and results of cancer treatment among Ontario's cancer patients to identify areas that require improvement.
Dr. William Pickett Queen's University pickettw@post.queensu.ca	Injury Prevention	Injury rates, causes and outcomes; prevention of childhood injuries, agricultural injuries; applied emergency medicine studies.
Dr. Janet Pinelli McMaster University pinellij@mcmaster.ca	Coping with Stress in Families with High-Risk Infants	Factors which contribute to family dysfunction, following the birth of a high risk newborn, to determine where interventions by health professionals are effective.
Dr. Harold Preiksaitis University of Western Ontario haroldp@uwo.ca	Swallowing Disorders	The molecular basis for human esophageal smooth muscle contraction, and abnormal contractions that result in disorders that cause certain types of chest pain, heartburn and swallowing difficulties.
Dr. Donald Redelmeier University of Toronto dar@ices.on.ca	Medical Decision-making	Decision-making in the health care system, in particular how policy makers, physicians and patients make decisions.
Dr. Bonnie Stevens University of Toronto bonnie.stevens@utoronto.ca	Pain Studies in Infants	Assessing and evaluating the infant's response to acute procedural pain (e.g., heel lance) and chronic pain (e.g., repeated painful procedures) and their influence on clinical and economic outcomes.
Dr. Sharon Straus University of Toronto sstraus@mtsinai.on.ca	Development of Electronic Research Network	Techniques to disseminate resources for practising and teaching evidence-based medicine; the creation of a collaborative electronic network for use by service providers.
Dr. Heidi Sveistrup University of Ottawa hsveist@uottawa.ca	Postural Control	Understanding of human movement, particularly in posture and balance control, falls in the elderly and with people who have had a stroke, joint range of motion, as well as infant and child motor development.
Dr. Neville Suskin University of Western Ontario neville.suskin@lhsc.on.ca	Cardiac Rehabilitation Prevention	Assessment of comprehensive, multifactorial cardiac rehabilitation secondary prevention (CRSP) to help develop new financial models and improve utilization and effectiveness.
Dr. Wendy Sword McMaster University sword@mcmaster.ca	Perinatal Services for Disadvantaged Women	The accessibility and use of perinatal services for women who are vulnerable and at risk for poor maternal and child health outcomes, particularly women who are socio-economically disadvantaged.
Dr. Andy Teng University of Western Ontario yateng@uwo.ca	Gum Disease	Peridontal disease; using genetically altered white blood cells to study the body's immune response to bacterial infection in tooth-supporting tissue.
Dr. Mark Walker University of Ottawa mwalker@ottawahospital.on.ca	Economic Evaluation of Health Services in Obstetrics and Gynecology	Development of a neonatal outcomes information system that will capture data on all newborns, in addition to those who are admitted to the neonatal intensive care unit.
Dr. Carl van Walraven University of Ottawa carlv@ohri.ca	Clinical Database for Hospitalized Patients	The management of patient information after hospital discharge; research to develop a clinical database for hospitalized patients which will generate efficient, accurate discharge summaries.
Dr. Laurie Wishart McMaster University wishartl@mcmaster.ca	Physical Therapy for Older Adults	Assessment of how older adults learn movement skills; evaluation of physical therapy interventions for elderly disabled individuals to determine which ones maximize relearning of functional skills.
Dr. Kaiping Yang University of Western Ontario kyang@uwo.ca	Mechanisms of Fetal Development	Mechanisms that control the growth of fetal organs and the onset of labour, in particular one substance that plays a central role in the development of the fetus' kidneys and liver.
Dr. Karen Yoshida University of Toronto karen.yoshida@utoronto.ca	Independent Living and Disability	The relationship between rehabilitation practices and independent living for young working adults with physical disabilities.
Dr. Trevor Young McMaster University youngt@mcmaster.ca	Neurobiology of Bipolar Disorder	Investigation of the pathophysiology and treatment of bipolar disorder.

Other

Award	Description	Contact
Nicholas M. & Hedy J. Munk Geriatric Award, Baycrest Centre for Geriatric Care	This grant complements Baycrest Centre for Geriatric Care's contribution for 2000 Nicholas M. and Hedy J. Munk Geriatric Award. The Award is presented to physicians under the age of 40 who have demonstrated special merit in the field of geriatric medicine. The award provides support for continuing post-graduate training in the research, prevention, identification and treatement of diseases and disabilities associated with the elderly. The two recipients of the award for 2000 are Dr. Cara Tannebaum and Dr. Mark Loeb. Dr. Tannebaum's research is in older women's health, and Dr. Loeb's research is in infectious diseases affecting insitutionalized older adults.	Mr. Stephen Herbert swherbert@baycrest.org

Co-Sponsorship/Partnership

National Partnerships

MOHLTC/CHSRF/CIHR Chair Awards in Health Services and Nursing Research

Award Recipient	Area of Research	Description
Dr. Pat Armstrong York University patarmst@yorku.ca	Women and Health Services: Policy and Politics	A program to create an environment in which an interdisciplinary group of students and faculty can explore gender issues in applied health services research.
Dr. Peter Coyte University of Toronto peter.coyte@utoronto.ca	Health Services – Health Care Settings and Canadians. A Program of Research, Education and Linkage	To build research capacity related to the costs and consequences associated with the provision and receipt of health care in various settings and sites through the collaborative creation, delivery, and dissemination of knowledge.
Dr. Alba DiCenso McMaster University dicensoa@mcmaster.ca	Evaluation of Nurse Practitioner Roles and Interventions	Education and research on nurse practitioners to provide a new body of knowledge for decision makers across Canada.
Dr. Nancy Edwards University of Ottawa nedwards@zeus.med.uottawa.ca	Multiple Interventions in Community Health Nursing Care	Education and research on community nursing interventions and the best ways to disseminate them, influence policy and improve community care.
Dr. Paula Goering University of Toronto paula_goering@camh.net	Health Services: Generating and Disseminating Best Practices in Mental Health and Addictions	Education and research to build continuous interplay between researchers and decision makers and encourage dissemination of best practices.
Dr. Linda O'Brien-Pallas University of Toronto l.obrien.pallas@utoronto.ca	Nursing Health Human Resources for the New Millennium	Education and research to develop knowledge of health human resources and inform policy.

MOHLTC/CHSRF Grants for Research Projects – Current Recipients

Project	Description	Contact
A Network Model of Care to Ensure Continuity and Accountability	Research addressing issues of continuity of care for people with dementia and patterns of service delivery in three community-based networks in Ontario.	Dr. Louise Lemieux-Charles University of Toronto l.lemieux.charles@utoronto.ca
An Evaluation of Continuity of Cancer Care Through Regional Supportive Care Newtworks	The impact of the introduction of supportive cancer networks in three Ontario regions (Central West, Eastern and Northwestern) on health professionals' awareness and patients' awareness and self-reported use of supportive care services.	Dr. Timothy Whelan McMaster University tim.whelan@hrcc.on.ca
Continuity of Care for Community Dwelling Seniors	Important elements of continuity of care; development of a model that defines critical elements of continuity of care, identifies the differences among stakeholders, controls for urban or rural context, controls for those who live alone or with another, and identifies threats to continuity.	Dr. Alan Salmoni Laurentian University asalmoni@uwo.ca
Continuity of Community Care for Home Care Clients	The nature and extent of continuity of care provided to adults with chronic illnesses who are clients of Community Care Access Centres.	Dr. Christel Woodward McMaster University woodward@mcmaster.ca
Costs of Waiting for Cardiac Catheterization	The costs to the individual (mortality, morbidity, quality of life) and to society of waiting for cardiac catherization; factors that determine lengths of waits; more effective management of waiting lists.	Dr. Madhu Natarajan McMaster University nataraja@mcmaster.ca

MOHLTC/CHSRF Grants for Research Projects – Current Recipients

Award	Description	Contact
Effects of Continuity of Care on Quality in Diabetes	The impact of continuity of care on the quality of health care; barriers to providing continuity of care and potential solutions; costs associated with variations in continuity of care.	Dr. Hui Lee McMaster University huilee@sympatico.ca
Evidence Based Standards for Measuring Nurse Staffing and Performance	The mechanisms and policies for establishing, monitoring and predicting the need for nursing services, and/or to recruit and retain nurses to meet those needs nationally, provincially and/or locally; the variation in nursing hours and productivity that can be explained by routinely reported organizational characteristics in the Management Information System (MIS) reporting framework; variables that explain variation in client need for nursing and the potential value of collecting data on these variables; the extent to which additional data would contribute to the understanding of the factors that influence variation in needs for nursing service, nurse resource utilization, client/nurse/system outcomes, and the development of mechanisms and policies to measure the need for nursing service.	Dr. Linda O'Brien-Pallas University of Toronto l.obrien.pallas@utoronto.ca
Health Human Resource Planning: An Examination of Relationships among Nursing Service Utilization, an Estimate of Population Health and Overall Health Status Outcomes in the Province of Ontario	The relationship among Ontarians' health status, their self-reported use of nursing services and hospital services, and nursing service utilization in community hospitals in Ontario.	Dr. Linda O'Brien-Pallas University of Toronto l.obrien.pallas@utoronto.ca
Impact and Costs Due to Lack of Continuity of Health Services in the North	The health impacts and costs (to the system and to individual patients) of lack of continuity in the delivery of oncology, diabetes and mental health services to three Shibogama Tribal area communities in Northwestern Ontario.	Dr. Bruce Minore Lakehead University bruce.minore@lakeheadu.ca
Improving Care for Terminal Patients	Care provided to terminal patients and ways to make it more useful to family caregivers and the terminally ill.	Dr. Kevin Brazil McMaster University brazilk@mcmaster.ca
Integration of Health and Social Services for Young Children and their Families	The pattern of linkages between early childhood services at different sites; the similarities and differences in different stakeholders' perceptions of the present and preferred organization of children's service integration (CSI); the determinants of CSI as perceived by different stakeholders; a survey instrument to measure the state of CSI.	Dr. John McLennan McMaster University mclennjd@mcmaster.ca
Monitoring the Health of Nurses in Canada	Major health problems of nurses in Canada and the factors that contribute to these conditions, particularly hospital restructuring and organizational change; assessment of available data on nurses' physical and mental health and gaps in information; identification of the best mechanism beyond existing data collection methods to gather information and integrate it into health services organizations where it may be used by policy makers, decision-makers and the nursing community.	Dr. Michael Kerr Institute for Work and Health mkerr@iwh.on.ca
System Assessment and Redesign for a New Millenium	The effects of policies and approaches used during the integration of health services as perceived by various stakeholder groups; the management of programs within the new hospital organizational structure and its impact on direct providers and recipients of care.	Dr. Ellen Rukholm Laurentian University erukholm@laurentian.ca
The Effects and Expense of Augmenting Homemaking Services with Nursing Services for the Frail Elderly Home-Care Population	A randomized controlled trial to compare the effects of a nursing and homemaking model of service delivery with a homemaking model of service delivery for frail elderly home-care clients with specific characteristics; evaluation of an RN augmented model of homemaking service delivery within a Canadian home-care setting; assessment of client and service outcomes and costs associated with existing eligibility policies for allocation of nursing and homemaking services to frail elderly home-care clients; evaluation of the impact of monthly RN assessment/management visits on the rate of functional decline, care giver stress, acute hospitalizations and cost of health and social services.	Dr. Maureen Markle-Reid McMaster University mreid@mcmaster.ca
The Impact of the Competitive Process on the Quality of Care and the Quality of Worklife of Community Based Nurses	The impact of the competitive model of contracting for services by Community Access Centres (CCACs) on the quality and cost of home care services; a description of the model for contracting professional nursing services within the 43 Ontario CCACs; assessment of the extent of private sector involvement in the delivery of home care nursing services; refinement of the measures for assessing the quality of nursing care.	Dr. Diane Irvine Doran University of Toronto diane.doran@utoronto.ca
Towards More Meaningful, Informed and Effective Public Consultation: A Comparative Study of Regional Health Authorities in Canada	The central objective of the study is to improve the effectiveness of public consultation exercises as tools for 1) communicating with the public around complex health and health care issues and 2) obtaining the public's views to inform and improve future decisions about health and health care. More specifically, the research aims to compare and evaluate different approaches to public participation in health issues – and the input obtained from these methods – that have been or are currently being used by health authorities across the country, and subsequently, to share and test results through prospective public participation pilots.	Dr. Julia Abelson McMaster University abelsonj@mcmaster.ca

Federal/Provincial/Territorial Initiatives

Organization	Description	Contact
Canadian Co-ordinating Office for Health Technology Assessment	Collection, analysis and dissemination of information on the cost and effectiveness of health technology and its impact on the health care system.	Dr. Jill Sanders jills@ccohta.ca

Provincial Partnerships

Research Activity	Description	Contact
Change Initiative Grants Program, The Change Foundation	Ontario-based change initiatives that promote, support and improve health and the delivery of health care services, with a focus on access, quality and cost effectiveness, service delivery models and funding, partnerships, networks and integrated service delivery, applications of basic applied research, and virtual health care enterprises.	Ms. Gale Murray gmurray@changefoundation.com
Chair-Aboriginal Health and Wellbeing, University of Toronto	Partial support to establish a chair in Aboriginal health and well-being at the University of Toronto.	Ms. Aggie Mazzucco aggie.mazzucco@utoronto.ca
Neurosciences Nursing – Chair, Heart and Stroke Foundation of Ontario	An endowed chair in Neuroscience Nursing at a Ontario university.	Mr. Andrew Scipio del Campo Heart and Stroke Foundation of Ontario asdcampo@hsf.on.ca

Government Priority Initiatives

Aboriginal Health

Project	Description	Contact
Aboriginal Healing and Wellness Strategy Longitudinal Study	Special policy and planning studies to address Aboriginal health issues.	Dr. Lynne Davis University of Toronto Lydavis@trentu.ca
Aboriginal Suicide Study	Factors which contribute to high and low rates of suicide in Nishnawbe Aski Nation communities and successful prevention strategies.	Mr. Dan Kooses Nishnawbe Aski Nation dkooses@nan.on.ca Please send email to his secreatry: wcaruk@nan.on.ca
Manitoulin Health Centre Proposal for a Resource Manual	Support provided to the Mekwaatawgsajig Council for hiring a researcher to develop a resource manual intended to act as a guide in assisting Ontario hospitals to become more culturally sensitive by creating Aboriginal-hospital partnerships.	Ms. Debra Bennett Manitoulin Health Centre dlbennett@mhc.on.ca
Strengthening Our Future: The First National Conference on Diabetes and Aboriginal Peoples	A conference on diabetes prevention, education, care, and support, treatment, surveillance and research.	Mr. Alex McComber National Aboriginal Diabetes Association diabetes@nada.ca

AIDS

Project	Description	Contact
AIDS Epidemiology	Monitoring and assisting in the control of Ontario's evolving HIV epidemic.	Dr. Robert Remis University of Toronto rs.remis@utoronto.ca
Ontario's Men Survey	Examination of current issues related to behaviour and HIV infection in Ontario gay/bisexual men.	Dr. Ted Myers University of Toronto ted.myers@utoronto.ca

Asthma

Project	Description	Contact
Asthma Surveillance and Measurement of Health Service Use	A methodology to conduct on-going asthma surveillance and measure asthmatics' use of health services and their long-term outcomes, using provincial administrative databases.	Dr. Teresa To Hospital for Sick Children Research Institute teresa.to@sickkids.ca
Dissemination of the Canadian Consensus Guidelines for Asthma	Dissemination of the Canadian Consensus Guidelines for Asthma, as recommended in the first phase of the Ministry's Asthma Plan of Action. Development, implementation and evaluation of a community education intervention.	Dr. Gerard Cox Ontario Thoracic Society coxp@mcmaster.ca

Cancer

Project	Description	Contact
Breast Cancer Prevention	Assessing whether the incidence of breast cancer in women at increased risk can be reduced with a low fat, high carbohydrate diet.	Dr. Norman Boyd University Health Network boyd@uhnres.utoronto.ca
Leveling the Playing Field	Identification of the supports under-served cancer patients receive, the barriers they face and gaps in services; evaluation of the acceptability of the 'personal coach' educational support strategy; testing the feasibility of a 'virtual supportive care knowledge centre'.	Dr. Alex Jadad University Health Network ajadad@uhnres.utoronto.ca
Radiation and Tamoxifen for Breast Cancer	Assessing whether the use of tamoxifen therapy alone can reduce the rate of local breast cancer recurrence to an acceptable level and thereby eliminate the need for additional breast radiation therapy.	Dr. Anthony Fyles University Health Network anthony.fyles@rmp.uhn.on.ca

Nursing

Project	Description	Contact
Development and Testing of Quality of Practice Settings for Nurses in Ontario Study	A study to assist employers in developing initiatives to improve and enhance the quality of work environment for nurses and evaluate their impact on patients, the system, and nurses.	Dr. Linda McGillis Hall University of Toronto l.mcgillishall@utoronto.ca
Health Care in a Complex World: An International Research Conference	A symposium to highlight the need for collaboration to design, implement and evaluate strategies to provide health care services in a complex, diverse and changing socio-political context.	Dr. Geraldine (Jody) Macdonald University of Toronto g.macdonald@utoronto.ca
Leadership Institute for Nurses in Ontario	A Leadership Institute for Nurses in Ontario to promote the assessment, acquisition, and development of core leadership competencies appropriate to the times and settings in which nurse leaders practice.	Dr. Linda O'Brien-Pallas University of Toronto l.obrien.pallas@utoronto.ca
Nursing and Health Outcomes Project	Support for the project manager of the Nursing and Health Outcomes Project, which addresses nursing outcomes and indicators, data, funding and incentives, and communications/outreach.	Ms. Peggy White St. Michael's / Wellesley / Central Hospital peggy.white@moh.gov.on.ca
Nursing and Health Outcomes Project	The use of data elements to describe nursing practice in Ontario.	Dr. Dorothy Pringle University of Toronto dorothy.pringle@utoronto.ca
Nursing Task Force Expanded Program	Research on issues the affect the quality and quantity of nurses in Ontario; assessment of current databases for use in simulation modelling exercises; assessment of strengths and weaknesses of current health human resource modelling approaches (utilization based, needs based, and effective demand based) and development of an integrated approach for nursing HHR; current practice demands and resource utilization in restructured work settings; factors that influence nursing and health human resource activities in Ontario; the impact of restructuring in the health care system on the supply of registrants for practice; development of HHR computer models that examine the impact of changes in health human resources on system, caregiver and client outcomes.	Dr. Linda O'Brien-Pallas University of Toronto l.obrien.pallas@utoronto.ca Dr. Andrea Baumann McMaster University baumanna@mcmaster.ca
Nursing Vacancy Rates in Ontario Study	Assessment of the vacancy template by surveying registered nurse vacancies in acute and long term care organizations across Ontario.	Dr. Andrea Baumann McMaster University baumanna@mcmaster.ca
Registered Nurses Association of Ontario Orientation Program	Development of an orientation and ongoing education program (available in hardcopy and on-line version) for registered nurses and registered practical nurses working in the long-term care sector.	Ms. Doris Grinspun Registered Nurses Association of Ontario info@rnao.org
Symposium on Nursing and Health Outcomes	A symposium on nursing-sensitive health outcomes.	Dr. Linda O'Brien-Pallas University of Toronto l.obrien.pallas@utoronto.ca

Stroke

Project	Description	Contact
Best Practices for Community Agencies with Respect to Stroke	Workshops for staff and volunteers to share resources and materials on providing effective support to stroke survivors.	Mr. Joe McReynolds Ontario Community Support Association joem@ocsa.on.ca
Best Practices for Community Care Access Centres with Respect to Stroke	Research on best practices for Community Care Access Centres and preparation of written resource materials.	Ms. Susan Donaldson Ontario Association of Community Care Access Centres sdonaldson@oaccac.on.ca
Best Practices in Long-Term Care Facilities with Respect to Stroke	Best practices for long-term care facilities; regional sessions for directors of care in long-term care facilities to orient them to the Provincial Stroke Strategy, develop regional links and introduce resource materials.	Mr. Andrew Scipio del Campo Heart and Stroke Foundation of Ontario asdcampo@hsf.on.ca
Collection of Ontario Data for the National Stroke Registry	A nurse coordinator for each of Ontario's designated Regional Stroke Centres to collect registry data on stroke patients.	Dr. Antoine Hakim University of Ottawa ahakim@ottawahospital.on.ca
Evidence of Stroke Rehabilitation Research Project	An ongoing program to summarize the evidence of stroke rehabilitation research.	Mr. Andrew Scipio del Campo Heart and Stroke Foundation of Ontario asdcampo@hsf.on.ca
Funding for Canadian Stroke Registry	Evaluating stroke care in hospitals that are not part of the Canadian Stroke Network, concentrating on the smaller stroke hospitals who are not part of the Canadian Stroke Network.	Dr. Andreas Laupacis Institute for Clinical Evaluative Sciences alaupacis@ices.on.ca
Rehabilitation Networks Project	Using the findings of the Stroke Rehabilitation Consensus Panel to develop a regional strategy for rehabilitation in four established regions (Hamilton, Kingston, West Toronto and London).	Mr. Andrew Scipio del Campo Heart and Stroke Foundation of Ontario asdcampo@hsf.on.ca
Three Pilot Sites for Telemedicine	Developing and testing the capacity for remote management of acute stroke in Ontario using three existing NORTH Network sites of North Bay, Stratford and Thunder Bay.	Dr. Antoine Hakim University of Ottawa ahakim@ottawahospital.on.ca

Other

Project	Description	Contact
Better Beginnings, Better Futures	A 25-year longitudinal prevention policy research demonstration project to provide information on the effectiveness of prevention policy for children.	Dr. Ray Peters Queen's University petersrd@psyc.queensu.ca
Building Relationships with Health Decision-Makers: Linking Evidence to Policy	Building capacity and relationships between the ministry and the Canadian Task Force on Preventive Health Care (CTF), by examining decision-makers' need for research evidence and developing effective ways to transfer research evidence from CTF to the ministry to inform policy; identifying the exchange mechanisms that can foster lasting relationships.	Dr. John Feightner University of Western Ontario feightnr@uwo.ca
Contemporary Developments in New Genetic Predictive Technologies	Research support for the subcommittees of the Provincial Advisory Committee on New Genetic Technologies.	Dr. Anne Summers North York General Hospital asummers@nygh.on.ca
Developing a Generic Framework for Evaluating Teletriage	A generic evaluation framework that could be adapted to any of the proposed or ongoing telephone health services projects and will provide a common ground for comparing their impact on health care services.	Dr. Raymond Pong Laurentian University rpong@laurentian.ca
Enhancing the Implementation of Ontario's Alzheimer Strategy	Research to enhance and complement the work of the Innovation Centres and the Murray Alzheimer Research and Education Program's (MAREP) involvement in the Ontario Strategy for Alzheimer Disease.	Dr. Michael Sharratt University of Waterloo sharratt@uwaterloo.ca

Other

Project	Description	Contact
Handle with Care – Phase II	A one hour film documenting the lives of two women living with metastatic breast cancer and portraying how friends, family and health professionals can help.	Ms. Laura Sky Sky Works Charitable Foundation skyworks1@home.com
Improvement of Medication Use in Ontario Hospitals	The impact of the Institute for Safe Medication Practices Canada intervention program on medication use in Ontario hospitals.	Mr. David U. Institute for Safe Medication Practices Canada info@ismp-canada.org
Improving Arthritis Care in Ontario: A Pilot Project	The feasibility of implementing an integrated client-centred approach to the management of arthritis; information to determine the sample size required for a more descriptive study, identify appropriate outcome measures, and refine the educational intervention.	Dr. Elizabeth Badley University Health Network badley@uhnres.utoronto.ca
In-Home Palliative Care Pilot Evaluation	Assessment of the effectiveness of an alternative payment program in promoting a team-based approach to palliative care.	Dr. Tom Abernathy Hamilton Wentworth District Health Council toma@cwhpin.ca
Inner City Health Research Program	Research in the determinants of health, patterns of care, and the provision and evaluation of innovative care to vulnerable populations including the homeless, people with AIDS/HIV, people with substance abuse problems, and the chronically and severely mentally ill.	Dr. Rick Glazier St. Michael's / Wellesley / Central Hospital glazierr@smh.toronto.on.ca
Ontario Hospital Association Hospital Report Card 2001	Assessing the performance of local hospitals and of the province's hospitals as a whole, and communicating the findings to the public.	Dr. David McLeod Ontario Hospital Association bkreutzweiser@oha.com
Ontario Rehabilitation Research Network	A province wide research network to establish a collaborative context for rehabilitation initiatives across Ontario; maximize research funding for Ontario; expand the number of people conducting high quality rehabilitation reseach; and, increase the exchange of rehabilitation research knowledge and practice, policy and further research.	Mr. Mark Rochon Toronto Rehabilitation Institute rochon.mark@torontorehab.on.ca
Seniors Medication Assessment Research Trial, Phase II	Improving drug prescribing by family physicians in order to reduce preventable drug-related problems experienced by older adults.	Dr. John Sellors (No longer with McMaster University) Please contact Dr. Janusz Kaczorowski McMaster University kaczorow@mcmaster.ca
Study of Trends in Neural Tube Defects in Ontario	Research to determine whether the rate of antenatally diagnosed neural tube defects declined in Ontario after the introduction of a mandatory national folic acid fortification programme, and whether this relationship was reflected in a rise in red cell folate levels.	Dr. David Cole University Health Network davidec.cole@utoronto.ca
University of Toronto Special Health Research Grant	Community health research (i.e., health promotion, disease prevention, the broader determinants of health), health services research on health outcomes and service delivery, and biomedical research in cancer, diabetes and clinical application of basic research.	Prof. Derek McCammond University of Toronto d.mccammond@utoronto.ca

Research Transfer and Support

Making Research Relevant Research Projects

Project	Description	Contact
Best Practices in Health Promotion Research Utilization Learning Module	A learning module to help decision makers/practitioners (in hospitals, community health centres, and public health departments) identify and utilize research results within a 'best practices in health promotion' framework.	Dr. Irving Rootman University of Toronto irv.rootman@utoronto.ca
Building Language Bridges between Health Services Researchers and Decision Makers	A 'translation' taxonomy that will give decision maker access to relevant health services research.	Ms. Suzanne Ross McMaster University sross@mcmaster.ca
Developing a Capacity to Monitor Elective Surgical Waiting Times	This project demonstrates the use of OHIP billing data to monitor elective surgery waiting times in Ontario.	Dr. Samuel Shortt Queen's University shortt@qhp.queensu.ca
Effects of Changes to Breast Screening Age Eligibility Recommendations	A computer decision support tool to model the clinical and economic impact of lowering the recommended age for radiographic screening for breast cancer from 50 to 40 years.	Mr. John Dorland Queen's University dorlandj@post.queensu.ca
Information Transfer: What do Decision-Makers Want and Need from Researchers?	The research information needs and preferences of decision-makers.	Dr. Peter Rosenbaum McMaster University rosenbau@mcmaster.ca
Knowledge Transfer Infrastructure for Outcome Measurement in Children's Mental Health	An inter-ministerial initiative to promote province-wide screening and outcome measurement in children's mental health.	Dr. Melanie Barwick/Dr. Katherine Boydell The Hospital for Sick Children melanie.barwick@sickkids.ca katherine.boydell@sickkids.ca
Targeted Research Transfer Curriculum: Development , Implementation and Evaluation	Development, delivery and evaluation of a knowledge transfer curricula tailored to the needs of government health service decision makers and researchers.	Ms. Tina Smith University of Toronto tina.smith@utoronto.ca
The Joint Centre for Addiction and Mental Health/Department of Psychiatry Research Transfer Training Program	Training modules and pilot training sessions to teach existing and potential researchers in the Centre for Addiction and Mental Health and University of Toronto Department of Psychiatry to communicate research results more effectively to policy developers and mental health/addictions organizations.	Dr. Paula Goering Centre for Addiction and Mental Health paula_goering@camh.net
Towards Best Practices in Research Transfer	Describe best practices in research transfer within the ministry-funded research units to provide recommendations on how the ministry should structure its research transfer requirements for its funded research units.	Dr. John Lavis McMaster University lavisj@mcmaster.ca

Dissemination of Research Findings

Dissemination Activity	Description	Contact
Berger Population Monitor	Access for ministry staff to a semi-annual national public survey on health issues such as: federal and provincial performance in health care, and health care funding options.	Dr. Earl Berger The Berger Monitor Earl_Berger@haygroup.com
Conference on Predicting Health Needs and Services	A symposium to share research and methodologies that will directly benefit those who work with health information in planning and policy development. Sponsored by the Institute for Evaluative Science and the Health Intelligence Units.	Mr. Sten Ardal Regional Municipality of York info@cehip.org
Ditchley Foundation Conference	A conference on how to maintain an acceptable, financial sustainable healthcare system.	Mr. John Banks The Canadian Ditchley Foundation banks@cyg.net
International Conference on Technology and Aging	A conference on technology and aging to disseminate recent research findings on helping seniors live independently for as long as possible in the community and providing efficient, high quality care for those in long-term care.	Dr. Geoff Fernie Sunnybrook and Women's College Health Science Centre geoff.fernie@swchsc.on.ca
Introduction to the Cochrane Library Workshop	A workshop to introduce ministry policy makers to The Cochrane Library as a source of evidence for policy decision-making.	Dr. Kathleen Clark Canadian Cochrane Network and Centre kclark@mcmaster.ca
National Symposium on Health Services and Policy Research Priorities	A national symposium on health services and policy research priorities coordinated by the Canadian Health Services Research Foundation, in collaboration with the Federal/Provincial/Territorial Advisory Committee on Health Services, the Canadian Institute for Health Information, the Canadian Institutes of Health Research, and the Canadian Coordinating Office for Health Technology.	Ms. Diane Gagnon Canadian Health Services Research Foundation gagnond@chsrf.ca
Needs Analysis for the Development of a Ministry Research Website	A needs analysis of potential user groups to inform the design and implementation of a ministry research website.	Dr. Brian Hutchison McMaster University hutchb@mcmaster.ca
Population Health Approaches Needed to Ensure Best Practices Symposium	A symposium to develop 1) a relevant, proactive education and research agenda on population health approaches to achieve best practices in public health for Ontario, 2) a framework to establish priorities for population health research and education, and 3) strategies to disseminate best practice information.	Dr. Larry Chambers City of Hamilton lchamber@scohs.on.ca
Resource Directories of Women's Health	Nine user-friendly, comprehensive and accessible regional and provincial directories of women's health services, programs and resources. Four of the directories are bilingual.	Ms. Suzanne Schwenger Ontario Women's Health Network Suzanne@opc.on.ca
Subscription to the HealthInsider	Access for ministry staff to a semi-annual consumer survey on health care.	Ms. Dale McMurchy PricewaterhouseCoopers LLP dale.mcmurchy@ca.pwcglobal.com
The Cochrane Library Subscription	Access for ministry staff to scientific studies in health care.	Mr. Ted Starr Update Software info@cochranelibrary.com
The Environmental Monitor Subscription 2000	Access for ministry staff to Canadians' attitudes toward major public policy and consumer trends in environmental and natural resources issues.	Ms. Corinne Fontaine Environics International Ltd. corinne.fontaine@environicsinternational.com

Health Intelligence Units

Analysis and synthesis of research and other data/information that district health councils, public health departments and academic health science centres can apply when making planning decisions about health care services, public health programs, professional education and research in their regions.

Unit	Sponsoring Organization	Contact
Central East Health Information Partnership	Regional Municipality of York	Mr. Sten Ardal linfo@cehip.org
Central West Health Planning Information Network	Hamilton Wentworth District Health Council	Dr. Tom Abernathy toma@cwhpin.ca
Health Information Partnership Eastern Ontario Region	Kingston, Frontenac and Lennox and Addington Health Unit	Ms. Nam Bains nbains@hip.on.ca
Northern Health Information Partnership	Sudbury and District Health Unit	Mr. Vic Sahai sahai@nhip.org
Southwest Region Health Information Partnership	Thames Valley District Health Council	Dr. Iris Gutmanis srhipweb@srhip.on.ca

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